

MEDICAL AND SURGICAL PROCEDURES
“CPT Code List”

Codes Requiring Prior Authorization or with Other Limits
and
Non-covered Procedures

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SERVICES COVERED BY A CAPITATED MANAGED CARE PLAN

This list of CPT codes not covered by Medicaid or which require Prior Authorization applies ONLY to services to be provided to a Medicaid patient assigned to a Primary Care Provider or not enrolled in a managed care plan, such as a health maintenance organization (HMO) or Prepaid Mental Health Plan. The patient's Medicaid Identification Card states the name of any plan(s) in which he or she is enrolled. A provider may also obtain this information by telephone or modem connection. Refer to SECTION 1 of the Utah Medicaid Provider Manual for more information about managed care plans and verifying eligibility.

This list does not apply to services to be provided to Medicaid patients enrolled in managed care plans. These patients receive services which are a benefit of their plans. Each plan specifies which services are covered, which require authorization and the conditions for authorization. Each plan also processes provider requests for authorization of services to be provided to Medicaid patients enrolled in that plan.

Medicaid cannot process Prior Authorization requests for services included in a contract with a managed care plan. Providers requesting services for a client enrolled in a managed care plan will be referred to that plan.

CODES COVERED BY PREPAID MENTAL HEALTH PLANS

For Medicaid recipients enrolled in a Prepaid Mental Health Plan, the PMHP includes CPT procedure codes 90801 - 90899. Providers who render emergency care must obtain approval from the PMHP within 24 hours of service. The provider will be reimbursed only when the provider has made a good faith effort to obtain approval from the Prepaid Mental Health Plan within 24 hours of providing emergency services.

Physicians or psychologists treating individuals who may become eligible for Medicaid should contact the appropriate Prepaid Mental Health Plan to ensure payment or arrange for the client to be transferred to the contracting mental health center for continued services.

Children in custody of the Department of Human Services are enrolled in a Prepaid Mental Health Plan for inpatient psychiatric services only. These children may obtain outpatient mental health services from any participating Medicaid provider.

NON-COVERED PROCEDURES

Procedures not covered by Medicaid are identified as "NOT A BENEFIT." Medicaid does not reimburse non-covered procedures. However, exceptions may be considered through the Prior Authorization process for the following four circumstances when no other CPT code that is a Medicaid benefit accurately describes the procedure performed:

1. Child Health Evaluation and Care (CHEC) services which are medically necessary for children under 21 years of age. The provider must make a written request for authorization of additional services. The request must include:
 - a. The estimated cost for the service or item;
 - b. A photocopy of any durable medical equipment item(s) requested;
 - c. A current comprehensive evaluation of the child's condition, completed by the appropriate therapist, that includes the diagnosis, general medical history, therapy treatment history, age, height, weight, capabilities, prognosis, specific limitations, and the purpose for any durable medical equipment that is requested;
 - d. A letter from the physician describing medical necessity and including the diagnosis, the medical reason

for the request, the medical condition that justifies the request, and the portion of the medical history that applies to the specific request. The letter must be patient specific and indicate the reasons the physician is recommending the service or equipment, and whether the service or equipment would contribute to preventing a future medical condition or hospitalization.

The provider making the request, the therapist and the physician should work as a team to evaluate the most appropriate services for the child. The occupational, physical or speech therapist should communicate directly with the child's physician.

2. Reconstructive procedures following disfigurement caused by trauma or medically necessary surgery.
3. Reconstructive procedures for correcting serious functional impairments (for example, inability to swallow).
4. When performing the procedure is more cost effective for the Medicaid program than other alternatives.

UNSPECIFIED SERVICES AND PROCEDURES

Unspecified services or procedures covered by Medicaid do not require Prior Authorization. These codes typically are five numbers ending ". . .99". Do not use unspecified service or procedure codes to provide services which are not a Medicaid benefit. Submit documentation for these codes with the claim form for prepayment review. Documentation should include medical records, such as the operative report, patient history, physical examination report, pathology report, and discharge summary, which provide enough information to identify the procedure performed and to support medical necessity of the procedure.

PRIOR AUTHORIZATION

Medicaid Prior Authorization (PA) requirements apply **ONLY** to services to be provided to a patient assigned to a Primary Care Provider or not enrolled in a managed care plan. The PA process applies to services which may be covered directly by Medicaid because the services are not included in a contract with a managed care plan. Prior Authorization (PA) is approval given to the physician for certain procedure codes. The approval is given by the Department of Health, Division of Health Care Financing, prior to services being rendered. The physician requests Prior Authorization by telephone or in writing sent to the Utilization Management Unit in the Division of Health Care Financing. A nurse reviews the request to determine (1) if the service is covered by Medicaid and (2) if it meets the criteria for medical necessity based on information given by the provider.

1. A service is covered when it is included in either of these groups:
 - a. Within one of the 21 types of service covered by the Utah State Plan for adults, or
 - b. Within one of the 25 types of service listed in 42 USC 1396d(a) for children under the age of 21.
2. A service is considered medically necessary if:
 - a. It is reasonably calculated to prevent, diagnose, or cure conditions in the patient that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a handicap; and
 - b. There is no other equally effective course of treatment available or suitable for the patient which is more conservative or substantially less costly. (Utah Administrative Code, Section 414-13x-1(5))

Letter to Patient

1. When the service is covered, but there is not enough information to determine medical necessity, a letter is sent to the patient with a copy to the provider requesting specific additional information. Federal regulations (42 CFR 431.206) require Medicaid to "give notice to the recipient" when any action "may affect his claim." However, the provider must furnish the necessary documentation or information with the cooperation of the Medicaid recipient.

- a. The letter states intent to deny the service because of insufficient information. It explains additional information needed. Twenty-one days are allowed for receipt of the information requested.
 - b. If the requested information is not received within 21 days, the request is denied.
 - c. If the request is denied solely because of insufficient documentation, and either the patient requests a hearing or the documentation is sent in, the Program Manager in the Division of Health Care Financing responsible for hearings can either process a new request for Prior Authorization or proceed with a hearing. The request cannot proceed simultaneously through both a hearing and the Prior Authorization process.
2. When a decision is made, a letter is sent to the patient with a copy to the provider advising of the decision. When authorization is denied, the letter of denial includes:
 - a. The action the state intends to take;
 - b. The reasons for the action, including findings of fact;
 - c. Statement of the laws and criteria supporting the action;
 - d. The patient's right to a hearing;
 - e. The process to request a hearing;
 - f. The patient's right to be represented by an attorney or other person;
 - g. The circumstances, if any, under which the service is continued pending the outcome of the hearing.

Attached to the letter are a copy of the laws and criteria supporting the decision and a form and instructions for requesting a hearing. The denial letter does not ask for new information. Once a request is denied, the next opportunity to discuss the decision and present additional information for consideration is a prehearing conference. The only exception is explained in section 1 c above. When a patient submits a request for a hearing, the policy and procedure under Utah Administrative Code, section R410.14 is followed.

Telephone Prior Authorization

1. Call Medicaid Information:
538-6155 in the Salt Lake City area
1-800-662-9651 toll-free in Utah and the surrounding states of Arizona, New Mexico, Nevada, Idaho, Wyoming and Colorado
1-801-538-6155 from all other areas.
2. Press **3** for Providers.
Press **3** again for Prior Authorizations

Written Prior Authorization: Send written requests to:

MEDICAID PRIOR AUTHORIZATION UNIT
P.O. BOX 143103
SALT LAKE CITY UT 84114-3103

FAX Number: Prior Authorization requests may also be faxed to (801) 538-6382, attention "Prior Authorizations."

RETROACTIVE AUTHORIZATION

Surgical procedures that require Prior Authorization may be performed under certain emergency circumstances before the authorization is obtained from Medicaid. When an exception is warranted, the physician must request retroactive review of the procedure and the emergent circumstances before authorization and payment can be made. Exceptions to obtaining authorization before services are provided will be considered under one of the four following circumstances:

1. The procedure was performed in a life-threatening or justifiable emergency. An example is the procedure to terminate an ectopic pregnancy.
2. Medicaid is responsible for the delay in authorization.
3. The patient is retroactively eligible for Medicaid.
4. The service is determined to be cost-effective in treating the medical condition.

Send the documentation listed below to the Division of Health Care Financing, Utilization Management Unit, for the prepayment review:

1. A completed Prior Authorization form, including the CPT code, Medicaid Identification number for the patient, Medicaid provider number, and an explanation to justify the request for retroactive authorization for payment. Please include the name and telephone number of the person completing the request.
2. Documentation from the medical record to support the emergent nature of the procedure to include:
 - A. Consent form (abortion, sterilization, hysterectomy)
 - B. Patient history and physical
 - C. Operative report
 - D. Pathology report
 - E. Discharge summary

CRITERIA

Certain procedure codes identify criteria used by Medicaid staff when reviewing a prior authorization request. Brief criteria are listed under the procedure code. Criteria are referenced by number. Refer to the list **CRITERIA FOR SURGICAL PROCEDURES** which is a special attachment for two Utah Medicaid Provider Manuals: Hospital and Physician. Consent requirements for specific procedures (for example, sterilizations and abortions) are included with the criteria.

KEY TO DISTINGUISHING CODE CHANGES

New codes are in bold print.

A vertical line in the margin marks where text was changed.

An asterisk (*) marks where a code was deleted.

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- *
- 00640 Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic, or lumbar spine
NOT A BENEFIT
- 00797 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity
NOT A BENEFIT
- 00840** Intraperitoneal lower abdominal laparoscopic procedures
PRIOR APPROVAL: Telephone for procedures related to procedures on genital system requiring prior authorization.
..... Refer to Criteria #10, #12, #14
- 00921 Anesthesia for vasectomy, unilateral or bilateral
PRIOR APPROVAL: Telephone ICD-9: 63.70, 63.71, 63.73 Refer to Criteria #10²
- 01905 Anesthesia for myelography, diskography, vertebroplasty
NOT A BENEFIT
- 01924 Anesthesia for therapeutic interventional radiologic procedures involving the arterial system; not otherwise specified
PRIOR APPROVAL: Not Required Attach documentation to claim.¹
- 01930 Anesthesia for therapeutic interventional radiologic procedures involving the venous/lymphatic system; not otherwise specified
PRIOR APPROVAL: Not Required Attach documentation to claim.¹
- 01953 Anesthesia for second and third degree burn excision or debridement with or without skin grafting, any site, for total body surface area (tbsa) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof
NOT A BENEFIT
- 01958 Anesthesia for external cephalic version procedure
NOT A BENEFIT
- *
- 01966** Anesthesia for induced abortion procedures
Prior Approval: Written for the surgery; includes anesthesia approval. Refer to criterion #17
- 01991 Anesthesia for diagnostic or therapeutic nerve block injections, other than prone position
Limited to age 20 or under
- 01992 Anesthesia for diagnostic or therapeutic nerve block injections, prone position
Limited to age 20 or under
- 01999 Unlisted anesthesia procedure
PRIOR APPROVAL: Not Required Attach documentation to claim.¹
- 10040 Acne surgery (marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
NOT A BENEFIT
- 11200 Removal of skin tags up to 15 lesions
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim.¹
- 11201 Removal of skin tags each additional ten lesions
NOT A BENEFIT
- 11300 through 11313 Shaving of epidermal or dermal lesion, single lesion Refer to Criteria #34²
- 11400 Excision benign lesion including margins except skin tag (unless listed elsewhere) trunk, arms, or legs; excised diameter 0.5 cm or less
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim.¹
- 11401 excised diameter 0.6 to 1.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim.¹

- 11402 excised diameter 1.1 to 2.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11403 excised diameter 2.1 to 3.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11404 excised diameter 3.1 to 4.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11406 excised diameter over 4.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11420 Excision benign lesion including margins, except skin tag (unless listed elsewhere) scalp, neck, hands, feet,
genitalia; excised diameter 0.5 cm or less
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11421 excised diameter 0.6 to 1.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11422 excised diameter 1.1 to 2.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11423 excised diameter 2.1 to 3.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11424 excised diameter 3.1 to 4.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11426 excised diameter over 4.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11440 Excision benign lesion including margins, except skin tag (unless listed elsewhere) face, ears, eyelids, nose, lips,
mucous membrane; excised diameter 0.5 cm or less
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11441 excised diameter 0.6 to 1.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11442 excised diameter 1.1 to 2.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11443 excised diameter 2.1 to 3.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11444 excised diameter 3.1 to 4.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11446 excised diameter over 4.0 cm
PRIOR APPROVAL: Not Required Refer to CRITERIA #34: Attach documentation to claim. ¹
- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with primary suture
NOT A BENEFIT
- 11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with other closure
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with primary suture
NOT A BENEFIT
- 11463 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with other closure
NOT A BENEFIT
- 11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal or umbilical; with primary closure
NOT A BENEFIT
- 11471 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal or umbilical; with other closure
NOT A BENEFIT
- 11719 Trimming of nondystrophic nails, any number
NOT A BENEFIT
- 11920 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin including micropigmentation; 6.0 sq cm or less
NOT A BENEFIT
- 11921 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin; 6.1 to 20.0 sq cm
NOT A BENEFIT
- 11922 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin including micropigmentation; each additional 20 sq cm
NOT A BENEFIT
- 11950 Subcutaneous injection of "filling" material (for example, silicone); 1 cc or less
NOT A BENEFIT
- 11951 Subcutaneous injection of "filling" material (for example, silicone); 1.1 to 5 cc
NOT A BENEFIT
- 11952 Subcutaneous injection of "filling" material (for example, silicone); 5.1 to 10 cc
NOT A BENEFIT
- 11954 Subcutaneous injection of "filling" material (for example, silicone); over 10 cc
NOT A BENEFIT
- 11977 Removal with reinsertion, implantable contraceptive capsules
NOT A BENEFIT
- 11980 Subcutaneous Hormone Pellet Implantation
NOT A BENEFIT
- 11981 Insertion, non-biodegradable drug delivery implant
NOT A BENEFIT
- 11982 Removal, non-biodegradable drug delivery implant
NOT A BENEFIT
- 11983 Removal with reinsertion, non-biodegradable drug delivery implant
NOT A BENEFIT
- 15150** Tissue cultured epidermal autograft, trunk, arms, legs; first 25 sq cm or less
NOT A BENEFIT
- 15151** Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15152** Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

NOT A BENEFIT

- 15155** Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
NOT A BENEFIT
- 15156** Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15157** Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15170** Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
NOT A BENEFIT
- 15171** Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15175** Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
NOT A BENEFIT
- 15176** Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15330** Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants & children
NOT A BENEFIT
- 15331** Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15335** Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
NOT A BENEFIT
- 15336** Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15340** Tissue cultured allogeneic skin substitute; first 25 sq cm or less
NOT A BENEFIT
- 15341** Tissue cultured allogeneic skin substitute; each additional 25 sq cm
NOT A BENEFIT
- 15360** Tissue cultured allogeneic dermal substitute; trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children
NOT A BENEFIT
- 15361** Tissue cultured allogeneic dermal substitute; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT

- 15365** Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children
NOT A BENEFIT
- 15366** Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15430** Acellular xenograft implant; first 100 sq cm or less, or one percent of body area of infants and children
NOT A BENEFIT
- 15431** Acellular xenograft implant; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 15775** Punch graft for hair transplant; 1 to 15 punch grafts
NOT A BENEFIT
- 15776** Punch graft for hair transplant; more than 15 punch grafts
NOT A BENEFIT

- 15780 Dermabrasion; total face (for example, for acne scarring, fine wrinkling, rhytids, general keratosis)
NOT A BENEFIT
- 15781 Dermabrasion; segmental, face
NOT A BENEFIT
- 15782 Dermabrasion; regional, other than face
NOT A BENEFIT
- 15783 Dermabrasion; superficial, any site (for example, tattoo removal)
NOT A BENEFIT
- 15786 Abrasion; single lesion (for example, keratosis, scar)
NOT A BENEFIT
- 15787 Abrasion; each additional four lesions or less
NOT A BENEFIT
- 15788 Chemical peel, facial epidermal
NOT A BENEFIT
- 15789 Chemical peel, facial, dermal
NOT A BENEFIT
- 15790 Chemical peel (chemexfoliation); total face
NOT A BENEFIT
- 15791 Chemical peel (chemexfoliation); regional, face, hand or elsewhere
NOT A BENEFIT
- 15792 Chemical peel, nonfacial, epidermal
NOT A BENEFIT
- 15793 Chemical peel, nonfacial, dermal
NOT A BENEFIT

*

- 15820 Blepharoplasty, lower eyelid
PRIOR APPROVAL: Written ICD-9: 08.70 Refer to Criteria #19²
- 15821 with extensive herniated fat pad
PRIOR APPROVAL: Written ICD-9: 08.70 Refer to Criteria #19²
- 15822 Blepharoplasty, upper eyelid
PRIOR APPROVAL: Written ICD-9: 08.70 Refer to Criteria #19²
- 15823 with excessive skin weighing down lid
PRIOR APPROVAL: Written ICD-9: 08.70 Refer to Criteria #19²
- 15824 Rhytidectomy; forehead
NOT A BENEFIT
- 15825 Rhytidectomy; neck with platysmal tightening (platysmal flap P-flap)
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 15826 Rhytidectomy; glabellar frown lines
NOT A BENEFIT
- 15828 Rhytidectomy; cheek, chin and neck
NOT A BENEFIT
- 15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
NOT A BENEFIT
- 15831 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
NOT A BENEFIT
- 15832 Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
NOT A BENEFIT
- 15833 Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
NOT A BENEFIT
- 15834 Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
NOT A BENEFIT
- 15835 Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
NOT A BENEFIT
- 15836 Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
NOT A BENEFIT
- 15837 Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
NOT A BENEFIT
- 15838 Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
NOT A BENEFIT
- 15839 Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
NOT A BENEFIT
- 15876 Suction assisted lipectomy; head and neck
NOT A BENEFIT
- 15877 Suction assisted lipectomy; trunk
NOT A BENEFIT
- 15878 Suction assisted lipectomy; upper extremity
NOT A BENEFIT
- 15879 Suction assisted lipectomy; lower extremity
NOT A BENEFIT
- 15999 Unlisted procedure, excision pressure ulcer
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 17000 through 17004 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all
benign or premalignant lesions (e.g., actinic keratoses) other than skin tags or cutaneous vascular proliferative
lesions; Refer to Criteria #34 ²
- 17006 through 17008 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); . . . Refer to Criteria #34 ²

- 17110 through 17111 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of flat warts, molluscum contagiosum, or milia; Refer to Criteria #34²
- 17340 Cryotherapy (CO₂ slush, liquid N₂) for acne
NOT A BENEFIT
- 17360 Chemical exfoliation for acne (for example, acne paste, acid)
NOT A BENEFIT
- 17380 Electrolysis epilation, each ½ hour
NOT A BENEFIT
- 17999 Unlisted procedure, Skin, mucous membrane and subcutaneous tissue
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 19140 Mastectomy for gynecomastia
NOT A BENEFIT
- 19316 Mastopexy
NOT A BENEFIT
- 19318 Reduction mammoplasty
NOT A BENEFIT
- 19324 Mammoplasty, augmentation; without prosthetic implant
NOT A BENEFIT
- 19325 Mammoplasty, augmentation; with prosthetic implant
NOT A BENEFIT
- 19328 Removal of intact mammary implant
NOT A BENEFIT
- 19330 Removal of mammary implant material
NOT A BENEFIT
- 19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction
PRIOR APPROVAL: Telephone Limited to reconstructive surgery related to breast cancer
- 19342 Immediate insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction
PRIOR APPROVAL: Telephone Limited to reconstructive surgery related to breast cancer
- 19350 Nipple/areola reconstruction
NOT A BENEFIT
- 19355 Correction of inverted nipples
NOT A BENEFIT
- 19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
Limited to reconstructive surgery related to breast cancer
- 19361 Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant
Limited to reconstructive surgery related to breast cancer
- 19364 Breast reconstruction with free flap
Limited to reconstructive surgery related to breast cancer

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 19366 Breast reconstruction with other technique
PRIOR APPROVAL: Not Required. CRITERIA: Attach documentation to claim. ¹
- 19367 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site
Limited to reconstructive surgery related to breast cancer
- 19368 . . . with microvascular anastomosis (supercharging)
Limited to reconstructive surgery related to breast cancer
- 19369 Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure or donor site
Limited to reconstructive surgery related to breast cancer
- 19370 Open periprosthetic capsulotomy, breast
PRIOR APPROVAL: Telephone Limited to reconstructive surgery related to breast cancer
- 19371 Periprosthetic capsulectomy, breast
PRIOR APPROVAL: Telephone Limited to reconstructive surgery related to breast cancer
- 19380 Revision of reconstructed breast
PRIOR APPROVAL: Telephone Limited to reconstructive surgery related to breast cancer
- 19396 Preparation of moulage for custom breast implant
NOT A BENEFIT
- 19499 Unlisted procedure, Breast
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 20552 Injection(s); single or multiple trigger point(s), one or two muscle(s)
PRIOR APPROVAL: Not Required Refer to Criteria #33A ²
- 20553 Injection; single or multiple trigger point(s) three or more muscle(s)
NOT A BENEFIT
- 20610 Major joint or bursa; sacroiliac joint injection
PRIOR APPROVAL: Not Required Refer to Criteria #33B ²
- *
20931 structural
PRIOR APPROVAL: Written ICD-9: 77.7 Refer to Criteria #2 ²
- *
20937 morselized (through separate skin or fascial incision)
PRIOR APPROVAL: Written ICD-9: 77.7 Refer to Criteria #2 ²
- 20938 structural, bicortical or tricortical (through separate skin or fascial incision)
PRIOR APPROVAL: Written ICD-9: 77.7 Refer to Criteria #2 ²
- *
20999 Unlisted procedure, musculoskeletal system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 21010 Arthrotomy, temporomandibular joint
NOT A BENEFIT

- 21050 Condylectomy, temporomandibular joint (separate procedure)
NOT A BENEFIT
- 21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
NOT A BENEFIT
- 21076 Impression and custom preparation; surgical obturator prosthesis
NOT A BENEFIT
- 21077 Impression and custom preparation; orbital prosthesis
PRIOR APPROVAL: Written ICD-9: 16.02 16.09 16.61 16.62
- 21079 Impression and custom preparation; interim obturator prosthesis
NOT A BENEFIT
- 21080 Impression and custom preparation; definitive obturator prosthesis
NOT A BENEFIT
- 21081 Impression and custom preparation; mandibular resection prosthesis
NOT A BENEFIT
- 21082 Impression and custom preparation; palatal augmentation prosthesis
NOT A BENEFIT
- 21083 Impression and custom preparation; palatal lift prosthesis
NOT A BENEFIT
- 21084 Impression and custom preparation; speech aid prosthesis
NOT A BENEFIT
- 21085 Impression and custom preparation; oral surgical splint
LIMITED to patients age 20 and younger for medically necessary repair of congenital anomaly
- 21086 Impression and custom preparation; auricular prosthesis
NOT A BENEFIT
- 21087 Impression and custom preparation; nasal prosthesis
NOT A BENEFIT
- 21088 Impression and custom preparation; facial prosthesis
NOT A BENEFIT
- 21089 Unlisted maxillofacial prosthetic procedure
NOT A BENEFIT
- 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)
NOT A BENEFIT
- 21121 Genioplasty; sliding osteotomy, single piece
NOT A BENEFIT
- 21122 Genioplasty; sliding osteotomies, two or more osteotomies (for example, wedge excision or bone wedge reversal for asymmetrical chin)
NOT A BENEFIT

- 21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
NOT A BENEFIT
- 21125 Augmentation, mandibular body or angle; prosthetic material
NOT A BENEFIT
- 21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
NOT A BENEFIT
- 21137 Reduction forehead; contouring only
NOT A BENEFIT
- 21138 Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
NOT A BENEFIT
- 21139 Reduction forehead; contouring and setback of anterior frontal sinus wall
NOT A BENEFIT
- 21141 Reconstruction midface, LeFort 1; single piece, segment movement in any direction (e.g., for long face syndrome) without bone graft
PRIOR APPROVAL: Written
CRITERIA: Approved for ages birth through age 20 through the CHEC program when medically necessary
- 21142 two pieces, segment movement in any direction, without bone graft
PRIOR APPROVAL: Written
CRITERIA: Approved for ages birth through age 20 through the CHEC program when medically necessary
- 21143 three or more pieces, segment movement in any direction, without bone graft
PRIOR APPROVAL: Written
CRITERIA: Approved for ages birth through age 20 through the CHEC program when medically necessary
- 21145 Reconstruction midface, LeFort I; single piece, any direction, requiring bone grafts (includes obtaining autografts)
NOT A BENEFIT
- 21146 Reconstruction midface, LeFort I; two pieces, any direction, requiring bone grafts (includes obtaining autografts)
NOT A BENEFIT
- 21147 Reconstruction midface, LeFort I; three or more pieces, any direction, requiring bone grafts (includes obtaining autografts) (for example, ungrafted bilateral alveolar cleft or multiple osteotomies)
NOT A BENEFIT
- 21150 Reconstruction midface LeFort II; anterior intrusion (for example, Treacher-Collins Syndrome)
NOT A BENEFIT
- 21151 Reconstruction midface LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
NOT A BENEFIT
- 21154 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) without LeFort I
NOT A BENEFIT

- 21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts) with LeFort I
NOT A BENEFIT
- 21159 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (for example, mono bloc) requiring bone grafts (includes obtaining autographs) without LeFort I
NOT A BENEFIT
- 21160 Reconstruction midface, LeFort III (extra and intracranial with forehead advancement (for example, mono bloc), requiring bone graphs (includes obtaining autographs) with LeFort I
NOT A BENEFIT
- 21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autographs)
NOT A BENEFIT
- 21175 Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (for example, plagiocephaly, trigonocephaly, brachycephaly)
NOT A BENEFIT
- 21179 Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
NOT A BENEFIT
- 21180 Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
NOT A BENEFIT
- 21181 Reconstruction by contouring of benign tumor of cranial bone (fibrous dysplasia), extracranial
NOT A BENEFIT
- 21182 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
NOT A BENEFIT
- 21183 total area of bone grafting greater than 40 sq cm but less than 80 sq cm
NOT A BENEFIT
- 21184 total area of bone grafting greater than 80 sq cm
NOT A BENEFIT
- 21188 Reconstruction midface, osteotomies (other than LeFort type) and bone grafts
NOT A BENEFIT
- 21193 Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft
NOT A BENEFIT
- 21194 Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; with bone graft (includes obtaining graft)
NOT A BENEFIT
- 21195 Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
Prior Approval: Written 524.5, 524.8, 524.9, 802.30 to 802.39 Criteria #5B²
- 21196 Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
Prior Approval: Written 524.5, 524.8, 524.9, 802.30 to 802.39 Criteria #5B²
- 21199 Osteotomy mandible; segmental; with genioglossus advancement
NOT A BENEFIT
- 21206 Osteotomy, maxilla, segmental
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 21208 Osteoplasty, facial bones; augmentation (autograft, allograft or prosthetic implant)
NOT A BENEFIT
- 21209 Osteoplasty, facial bones; reduction
NOT A BENEFIT
- 21210 Graft, bone; nasal, maxillary and malar areas (includes obtaining graft) (For cleft palate repair, see 42200 - 42225)
NOT A BENEFIT
- 21215 Graft, bone; mandible (includes obtaining graft)
NOT A BENEFIT
- 21230 Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
NOT A BENEFIT
- 21235 Graft; ear cartilage autogenous to nose or ear (includes obtaining graft)
NOT A BENEFIT
- 21240 Arthroplasty, temporomandibular joint, with or without autograft
NOT A BENEFIT
- 21242 Arthroplasty, temporomandibular joint, with allograft material (for example, silicone)
NOT A BENEFIT
- 21243 Arthroplasty, temporomandibular joint, with prosthetic joint replacement
NOT A BENEFIT
- 21244 Reconstruction of mandible extraoral, with transosteal bone plate (for example, mandibular staple bone plate)
NOT A BENEFIT
- 21245 Reconstruction of mandible or maxilla, subperiosteal implant; partial
NOT A BENEFIT
- 21246 Reconstruction of mandible or maxilla, subperiosteal implant; complete
NOT A BENEFIT
- 21247 Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts)
NOT A BENEFIT
- 21248 Reconstruction of mandible or maxilla, endosteal implant (for example, blade, cylinder); partial
NOT A BENEFIT
- 21249 Reconstruction of mandible or maxilla, endosteal implant (for example, blade, cylinder); complete
NOT A BENEFIT
- 21255 Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
NOT A BENEFIT
- 21256 Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (for example, micro-ophthalmia)
NOT A BENEFIT
- 21260 Periorbital osteotomies for orbital hypertelorism with bone grafts; extracranial approach
NOT A BENEFIT
- 21261 Periorbital osteotomies for orbital hypertelorism with bone grafts; combined intra and extracranial approach
NOT A BENEFIT
- 21263 Periorbital osteotomies for orbital hypertelorism with bone grafts; with forehead advancement
NOT A BENEFIT

- 21267 Orbital repositioning, periorbital osteotomies, unilateral with bone grafts; extracranial approach
NOT A BENEFIT
- 21268 Orbital repositioning, periorbital osteotomies, unilateral with bone grafts; combined intra and extracranial approach
NOT A BENEFIT
- 21270 Malar augmentation, prosthetic material
NOT A BENEFIT
- 21275 Secondary revision of orbitocraniofacial reconstruction
NOT A BENEFIT
- 21280 Medial canthopexy
NOT A BENEFIT
- 21282 Lateral canthopexy
NOT A BENEFIT
- 21295 Reduction of masseter muscle and bone (for example, treatment of benign masseteric hypertrophy); extraoral approach
NOT A BENEFIT
- 21296 Reduction of masseter muscle and bone (for example, treatment of benign masseteric hypertrophy); intraoral approach
NOT A BENEFIT
- 21299 Unlisted craniofacial and maxillofacial procedure
NOT A BENEFIT
- 21480 Closed treatment of temporomandibular dislocation, initial or subsequent
NOT A BENEFIT
- 21485 Closed treatment of temporomandibular dislocation; complicated (e.g., recurrent requiring intermaxillary fixation or splinting), initial or subsequent.
NOT A BENEFIT
- 21490 Open treatment of temporomandibular dislocation
NOT A BENEFIT
- 21499 Unlisted musculoskeletal procedure, head
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 21685 Hyoid myotomy and suspension
NOT A BENEFIT
- 21742 Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss Procedure) without thorascopy
NOT A BENEFIT
- 21743 Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss Procedure) with thorascopy
NOT A BENEFIT
- 21899 Unlisted procedure, neck or thorax
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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22600	Arthrodesis, posterior technique, cervical below C2 segment, local bone or bone allograft and/or internal fixation PRIOR APPROVAL: Written ICD-9: 81.03 81.62 81.63 81.64	Refer to Criteria #2 ²
22610	Arthrodesis, posterior or posterolateral technique, with local bone or bone allograft and/or internal fixation; thoracic PRIOR APPROVAL: Written ICD-9: 81.05 81.62 81.63 81.64	Refer to Criteria #2 ²
22612	. . . lumbar PRIOR APPROVAL: Written 81.62 81.63 81.64	Refer to Criteria #2 ²
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment PRIOR APPROVAL: Written ICD-9 81.07 81.62 81.63 81.64	Refer to Criteria #2 ²
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or disectomy to prepare interspace (other than for decompression), single interspace, lumbar PRIOR APPROVAL: Written ICD-9: 81.08 81.62 81.63 81.64	Refer to Criteria #2 ²
22632	Arthrodesis, posterior interbody technique, single interspace; each additional interspace PRIOR APPROVAL: Written ICD-9 81.08 81.62 81.63 81.64	Refer to Criteria #2 ²
22800	Arthrodesis, posterior for spinal deformity, with or without cast, with bone grafts, 6 or fewer vertebrae PRIOR APPROVAL: Written ICD-9: 81.01 81.03 81.05 81.08 81.63	Refer to Criteria #2 ²
22802	. . . 7 or more PRIOR APPROVAL: Written ICD-9: 81.01 81.03 81.05 81.08 81.64	Refer to Criteria #2 ²
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments PRIOR APPROVAL: Written ICD-9 81.01 81.03 81.05 81.08	Refer to Criteria #2 ²
22808	Arthrodesis, anterior, for spinal deformity, with or without casts; 2 to 3 vertebral segments PRIOR APPROVAL: Written ICD-9 81.01 81.02 81.04 81.08 81.62	Refer to Criteria #2 ²
22810	Arthrodesis, anterior, for spinal deformity, with or without cast, with bone graft; 4 to 7 vertebrae PRIOR APPROVAL: Written ICD-9: 81.01 81.02 81.04 81.08 81.63	Refer to Criteria #2 ²
22812	. . . 8 or more PRIOR APPROVAL: Written ICD-9: 81.01 81.02 81.04 81.08 81.64	Refer to Criteria #2 ²
22830	Exploration of spinal fusion PRIOR APPROVAL: Written ICD-9: 03.99	Refer to Criteria #2 ²
22899	Unlisted procedure, spine PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
22999	Unlisted procedure, abdomen, musculoskeletal system PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
23929	Unlisted Procedure; Shoulder PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
24999	Unlisted procedure, humerus or elbow PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
25999	Unlisted procedure, forearm or wrist PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
26989	Unlisted procedure, hand or fingers PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
27299	Unlisted procedure, pelvis or hip joint PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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27412	Autologous chondrocyte implantation, knee NOT A BENEFIT	
27415	Osteochondral allograft knee open NOT A BENEFIT	
27599	Unlisted procedure, femur or knee PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
27899	Unlisted procedure, leg or ankle PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia NOT A BENEFIT	
28899	Unlisted procedure, foot or toes PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
29799	Unlisted procedure, casting or strapping PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure) NOT A BENEFIT	
29804	Arthroscopy, temporomandibular joint, surgical NOT A BENEFIT	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure). PRIOR APPROVAL: Telephone ICD-9: 80.21	Refer to Criteria #4 ²
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy PRIOR APPROVAL: Telephone ICD-9: 80.21	Refer to Criteria #4 ²
29807	. . . repair of slap lesion PRIOR APPROVAL: Telephone ICD-9: 80.21	Refer to Criteria #4 ²
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body PRIOR APPROVAL: Telephone ICD-9: 80.21	Refer to Criteria #4 ²
29820	. . . synovectomy, partial PRIOR APPROVAL: Telephone ICD-9: 80.71	Refer to Criteria #4 ²
29821	. . . synovectomy, complete PRIOR APPROVAL: Telephone ICD-9: 80.71	Refer to Criteria #4 ²
29822	. . . debridement, limited PRIOR APPROVAL: Telephone ICD-9: 80.71; 80.81	Refer to Criteria #4 ²
29823	. . . debridement, extensive PRIOR APPROVAL: Telephone ICD-9: 80.81	Refer to Criteria #4 ²
29825	. . . with lysis and resection of adhesions with or without manipulation PRIOR APPROVAL: Telephone ICD-9: 80.81	Refer to Criteria #4 ²
29826	. . . decompression of subacromial space with partial acromioplasty with or without coracoacromial release PRIOR APPROVAL: Telephone ICD-9: 80.91	Refer to Criteria #4 ²
29827	. . . with rotator cuff repair PRIOR APPROVAL: Telephone ICD-9: 83.63	Refer to Criteria #4 ²
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) PRIOR APPROVAL: Telephone ICD-9: 80.22	Refer to Criteria #4 ²

29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body PRIOR APPROVAL: Telephone ICD-9: 80.22	Refer to Criteria #4 ²
29835	. . . synovectomy, partial PRIOR APPROVAL: Telephone ICD-9: 80.72 ; 80.82	Refer to Criteria #4 ²
29836	. . . synovectomy, complete PRIOR APPROVAL: Telephone ICD-9: 80.72	Refer to Criteria #4 ²
29837	. . . debridement, limited PRIOR APPROVAL: Telephone ICD-9: 80.72 ; 80.82	Refer to Criteria #4 ²
29838	. . . debridement, extensive PRIOR APPROVAL: Telephone ICD-9: 80.82	Refer to Criteria #4 ²
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy PRIOR APPROVAL: Telephone ICD-9: 80.23	Refer to Criteria #4 ²
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage PRIOR APPROVAL: Telephone ICD-9: 80.23	Refer to Criteria #4 ²
29844	. . . synovectomy, partial PRIOR APPROVAL: Telephone ICD-9: 80.73	Refer to Criteria #4 ²
29845	. . . synovectomy, complete PRIOR APPROVAL: Telephone ICD-9: 80.73	Refer to Criteria #4 ²
29846	. . . excision of triangular fibrocartilage and/or joint debridement PRIOR APPROVAL: Telephone ICD-9: 80.83	Refer to Criteria #4 ²
29847	. . . internal fixation for fracture or instability PRIOR APPROVAL: Telephone ICD-9: 80.93	Refer to Criteria #4 ²
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament PRIOR APPROVAL: Telephone ICD-9: 80.23	Refer to Criteria #18 ²
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) PRIOR APPROVAL: Telephone ICD-9: 80.25	Criteria #4 and/or InterQual
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body PRIOR APPROVAL: Telephone ICD-9: 80.25	Criteria #4 and/or InterQual
29862	. . . with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum PRIOR APPROVAL: Telephone ICD-9: 80.25	Criteria #4 and/or InterQual
29863	. . . with synovectomy PRIOR APPROVAL: Telephone ICD-9: 80.25, 80.75	Criteria #4 and/or InterQual
29866	Arthroscopy knee surgical; osteochondral autograft(s) (i.e. mosaicplasty) (includes harvesting of the autograft) NOT A BENEFIT	
29867	. . . osteochondral allograft (ie. mosaicplasty) NOT A BENEFIT	
29868	. . . meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral NOT A BENEFIT	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

29871	Arthroscopy, knee surgical; for infection lavage and drainage PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29873	Arthroscopy, knee surgical; with lateral release PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (for example, osteochondritis dissecans fragmentation, chondral fragmentation) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29875	Arthroscopy, knee, surgical; synovectomy, limited (for example, plica or shelf resection) (separate procedure) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (for example, medial or lateral) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including meniscal shaving) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation PRIOR APPROVAL: Telephone ICD-9: 80.26	Refer to Criteria #4 ²
29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect PRIOR APPROVAL: Telephone ICD-9: 80.27	Criteria #4 and/or InterQual
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (Includes arthroscopy) PRIOR APPROVAL: Telephone ICD-9: 80.27	Criteria #4 and/or InterQual
29893	Endoscopic plantar fasciotomy PRIOR APPROVAL: Telephone ICD-9: 80.27, 83.14	Criteria #4 and/or InterQual

- 29894 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
PRIOR APPROVAL: Telephone ICD-9: 80.27 Refer to Criteria #4²
- 29895 Arthroscopy, ankle, surgical; synovectomy, partial
PRIOR APPROVAL: Telephone ICD-9: 80.27 Refer to Criteria #4²
- 29897 Arthroscopy, ankle, surgical; debridement, limited
PRIOR APPROVAL: Telephone ICD-9: 80.27 Refer to Criteria #4²
- 29898 Arthroscopy, ankle, surgical; debridement extensive
PRIOR APPROVAL: Telephone ICD-9: 80.26 Refer to Criteria #4²
- 29899 Arthroscopy, ankle, (tibiotalar and fibulotalar joints) surgical; with ankle arthrodesis
PRIOR APPROVAL: Telephone ICD-9: 80.27 Refer to Criteria #4²
- 29999 Unlisted procedure, arthroscopy
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 30120 Excision or surgical planing of skin of nose for rhinophyma
NOT A BENEFIT
- 30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
NOT A BENEFIT
- 30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages and/or elevation of nasal tip
NOT A BENEFIT
- 30420 Rhinoplasty, primary; including major septal repair
NOT A BENEFIT
- 30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
NOT A BENEFIT
- 30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
NOT A BENEFIT
- 30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
NOT A BENEFIT
- 30465 Repair of nasal vestibular stenosis (spreader graft, lateral nasal wall)
NOT A BENEFIT
- 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
PRIOR APPROVAL: Telephone ICD-9: 21.88 Refer to Criteria #5A²
- 30620 Septal or other intranasal dermatoplasty (does not include obtaining graft)
PRIOR APPROVAL: Telephone ICD-9: 21.88
CRITERIA: Nasal airway obstruction resulting from disease or trauma such as nasal fracture.
- 30999 Unlisted procedure, nose
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 31299 Unlisted procedure, accessory sinuses
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 31575 Laryngoscopy, flexible fiberoptic; diagnostic
PRIOR APPROVAL: Not Required Refer to Criteria #41²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 31599 Unlisted procedure, larynx
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 31611 Construction of tracheoesophageal fistula and subsequent insertion of alaryngeal speech prosthesis (for example, voice button, Blom-Singer prosthesis)
NOT A BENEFIT
- 31899 Unlisted procedure, trachea, bronchi
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 32491 Excision-plectomy of emphysematous lung(s) for lung volume reduction.
NOT A BENEFIT
- 32850 donor pneumonectomy (including cold preservation), from cadaver donor
NOT A BENEFIT
- 32851 Lung transplant, single; without cardiopulmonary bypass
PRIOR APPROVAL: Written ICD-9 33.5, 33.50, 33.51 Refer to Criteria #29 ²
- 32852 Lung transplant, single; with cardiopulmonary bypass
PRIOR APPROVAL: Written ICD-9 33.5, 33.50, 33.51 Refer to Criteria #29 ²
- 32853 Lung transplant, double (bilateral sequential or en bloc) without cardiopulmonary bypass
PRIOR APPROVAL: Written ICD-9 33.52 Refer to Criteria #29 ²
- 32854 Lung transplant, double (bilateral sequential or en bloc) with cardiopulmonary bypass
PRIOR APPROVAL: Written ICD-9 33.52 Refer to Criteria #29 ²
- 32855 Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding tissues to prepare pulmonary venous/arterial cuff, pulmonary artery, and bronchus; unilateral
NOT A BENEFIT
- 32856 . . . bilateral
NOT A BENEFIT
- 32999 Unlisted procedure, lungs and pleura
PRIOR APPROVAL: Not Required ICD-9 37.62 CRITERIA: Attach documentation to claim. ¹
- 33140 Transmyocardial laser revascularization, by thoracotomy (Separate Procedure)
NOT A BENEFIT
- 33141 Transmyocardial laser revascularization performed at time of other open heart procedures.
NOT A BENEFIT
- 33250 Operative ablation of supraventricular arrhythmogenic focus or pathway
PRIOR APPROVAL: Not Required ICD9: 37.33 Refer to criteria #38: Attach documentation to claim. ¹
- 33251 Operative ablation of supraventricular arrhythmogenic focus or pathway with bypass
PRIOR APPROVAL: Not Required ICD9: 37.33 Refer to criteria #38: Attach documentation to claim. ¹
- 33261 Operative ablation of ventricular arrhythmogenic focus or pathway with bypass
PRIOR APPROVAL: Not Required ICD9: 37.33 Refer to criteria #38: Attach documentation to claim. ¹
- 33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)
NOT A BENEFIT

- 33619 Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (for example, Norwood procedure)
PRIOR APPROVAL: Written ICD-9: 37.4 Refer to Criteria #28²
- 33880** Endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
NOT A BENEFIT
- 33881** Endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
NOT A BENEFIT
- 33883** Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
NOT A BENEFIT
- 33884** Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 33886** Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
NOT A BENEFIT
- 33889** Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
NOT A BENEFIT
- 33891** Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
NOT A BENEFIT
- 33930 Donor cardiectomy-pneumonectomy (including cold preservation)
NOT A BENEFIT
- 33933 Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding tissues to prepare aorta, superior vena cava, pulmonary artery, and left atrium for implantation
NOT A BENEFIT
- 33935 Heart-lung transplant with recipient cardiectomy- pneumonectomy
NOT A BENEFIT
- 33940 Donor cardiectomy (including cold preservation)
NOT A BENEFIT
- 33944 Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
NOT A BENEFIT
- 33945 Heart Transplant, with or without recent cardiectomy
PRIOR APPROVAL: Written ICD-9: 37.51 Refer to Criteria #28²
- 33967 Insertion of intra-aortic balloon assist device, percutaneous
PRIOR APPROVAL: Telephone ICD-9: 66.2 66.21 66.22 66.29 Refer to Criteria #28²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 33968 Removal of intra-aortic balloon assist device
NOT A BENEFIT
- 33970 Insertion of intra-aortic balloon assist device through the femoral artery; open approach
NOT A BENEFIT
- 33971 Removal of intra-aortic balloon assist device including repair of femoral artery, with or w/o graft
NOT A BENEFIT
- 33973 Insertion of intra-aortic balloon assist device through ascending aorta
NOT A BENEFIT
- 33974 Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or w/o graft
NOT A BENEFIT
- 33975 Insertion of ventricular assist device; extracorporeal, single ventricle
PRIOR APPROVAL: Telephone ICD-9: 37.62; 37.63; 37.64; 37.66 Refer to Criteria #28²
- 33976 Insertion of ventricular assist device; extracorporeal, biventricular
PRIOR APPROVAL: Telephone ICD-9: 37.62; 37.63; 37.64; 37.66 Refer to Criteria #28²
- 33977 Removal of ventricular assist device; extracorporeal, single ventricle
PRIOR APPROVAL: Telephone ICD-9: 37.62; 37.63; 37.64; 37.66 Refer to Criteria #28²
- 33978 Removal of ventricular assist device; extracorporeal, biventricular
PRIOR APPROVAL: Telephone ICD-9: 37.62; 37.63; 37.64; 37.66 Refer to Criteria #28²

- 33979 Insertion of ventricular assist device, implantable intracorporeal, single ventricle
PRIOR APPROVAL: Telephone ICD-9: 37.62; 37.66 Refer to Criteria #28²
- 33999 Unlisted procedure, Cardiac surgery
Note: Radio frequency ablation is NOT A BENEFIT.
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 34803 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)
NOT A BENEFIT
- 34805 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection using aorto-uniiliac or aorto-unifemoral prosthesis
NOT A BENEFIT
- 34833 Open iliac artery exposure with creation of conduit for delivery of infrarenal aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision, unilateral
NOT A BENEFIT
- 34834 Open iliac artery exposure to assist in the deployment of infrarenal aortic or iliac endovascular prosthesis, by arm incision, unilateral
NOT A BENEFIT
- 34900 Endovascular graft replacement for repair of iliac artery (e.g. aneurysm, pseudoaneurysm, arteriovenous malformation, trauma)
NOT A BENEFIT
- 36299 Unlisted procedure, vascular injection
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
NOT A BENEFIT
- 36469 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
NOT A BENEFIT
- 36470 Injection of sclerosing solution; single vein
NOT A BENEFIT
- 36471 Injection of sclerosing solution: multiple veins, same leg
NOT A BENEFIT
- 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radio-frequency; first vein treated
NOT A BENEFIT
- 36476 second and subsequent veins treated in a single extremity, each through separate access sites (add-on)
NOT A BENEFIT
- 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
NOT A BENEFIT
- 36479 second and subsequent veins treated in a single extremity, each through separate access sites (add-on)
NOT A BENEFIT
- 36511 Therapeutic apheresis; for white blood cells
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 36512 Therapeutic apheresis; for red blood cells
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 36513 Therapeutic apheresis; for platelets
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 36514 Therapeutic apheresis; for plasma pheresis
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 36515 Therapeutic apheresis with extracorporeal immunoadsorption and plasma reinfusion
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 36516 Therapeutic apheresis with extracorporeal selective adsorption or selective filtration and plasma reinfusion
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 36522 Photopheresis, extracorporeal
NOT A BENEFIT
- 36540 Collection of blood specimen from a completely implantable venous assess device
NOT A BENEFIT
- 36595 Mechanical removal of pericatheter obstructive material (i.e. fibrin sheath) from central venous access device via
separate venous access
NOT A BENEFIT
- 36596 Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device
lumen
NOT A BENEFIT
- 37182 Insertion of transvenous intrahepatic portosystemic shunt (TIPS)
NOT A BENEFIT
- 37183 Revision of transvenous intrahepatic portosystemic shunt (TIPS)
NOT A BENEFIT
- 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous, with distal embolic
protection
NOT A BENEFIT
- 37216 . . . without distal embolic protection
NOT A BENEFIT
- 37500 Vascular endoscopy, surgical with ligation of perforator veins, subfascial
NOT A BENEFIT
- 37501 Unlisted vascular endoscopy procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 37765 Stab phlebotomy for varicose veins, one extremity; 10-20 stab incisions
NOT A BENEFIT
- 37766 Stab phlebotomy for varicose veins, one extremity; more than 20 incisions
NOT A BENEFIT
- 37788 Penile revascularization, artery, with or without vein graft
NOT A BENEFIT

- 37790 Penile venous occlusive procedure
NOT A BENEFIT
- 37799 Unlisted procedure, vascular surgery
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 38129 Unlisted laparoscopy procedure, spleen
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 38204 Management of recipient hematopoietic progenitor cell donor search and cell acquisition
NOT A BENEFIT
- 38205 Blood derived hematopoietic progenitor cell harvesting for transplantation per collection allogenic
NOT A BENEFIT
- *
- 38207 Transplantation preparation of hematopoietic progenitor cells; cryopreservation and storage
NOT A BENEFIT
- 38208 Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
NOT A BENEFIT
- 38209 Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
NOT A BENEFIT
- 38210 Specific cell depletion within harvest, T-cell depletion
PRIOR APPROVAL: Written ICD-9:41.02, 41.06, 41.07, 41.08 Refer to Criteria #25 ²
- 38211 Tumor cell depletion
PRIOR APPROVAL: Written ICD-9:41.00, 41.06, 41.09 Refer to Criteria #25 ²
- 38212 Red blood cell depletion removal
PRIOR APPROVAL: Written ICD-9:41.06, 41.07, 41.09 Refer to Criteria #25 ²
- 38213 Platelet depletion removal
PRIOR APPROVAL: Written ICD-9:41.00, 41.07, 41.08 Refer to Criteria #25 ²
- 38214 Plasma volume depletion
PRIOR APPROVAL: Written ICD-9:41.00 Refer to Criteria #25 ²
- 38215 Cell concentration in plasma, mononuclear or buffy coat layer
PRIOR APPROVAL: Written ICD-9:41.00 Refer to Criteria #25 ²
- 38220 Bone marrow; aspiration only
PRIOR APPROVAL: Written ICD-9: 41.31 Refer to Criteria #25 ²
- 38221 Bone marrow biopsy, needle or trocar
PRIOR APPROVAL: Written ICD-9: 41.31 Refer to Criteria #25 ²
- 38230 Bone marrow harvesting for transplantation
PRIOR APPROVAL: Written Refer to Criteria #25 ²
- 38240 Bone marrow transplantation; allogenic
PRIOR APPROVAL: Written ICD-9: 41.0, 41.00, 41.02, 41.03, 41.05, 41.06, 99.79 ... Refer to Criteria #25 ²
- 38241 Bone marrow transplantation; autologous
PRIOR APPROVAL: Written ICD-9:41.01, 41.04, 41.06 Refer to Criteria #25 ²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 38242 Allogenic donor lymphocyte infusions
PRIOR APPROVAL: Written ICD-9:41.02, 41.03, 41.05, 41.08 Refer to Criteria #25²
- 38589 Unlisted laparoscopy procedure, lymphatic system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 38999 Unlisted procedure, hemic or lymphatic
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 39499 Unlisted procedure, mediastinum
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 39502 Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
PRIOR APPROVAL: Telephone ICD-9: 53.7 Refer to Criteria #6²
- 39520 Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
PRIOR APPROVAL: Telephone ICD-9: 53.85 Refer to Criteria #6²
- 39530 ... combined, thoracoabdominal
PRIOR APPROVAL: Telephone ICD-9: 53.80 Refer to Criteria #6²
- 39531 ... combined thoracoabdominal, with dilation of stricture (without gastroplasty)
PRIOR APPROVAL: Telephone ICD-9: 53.80 Refer to Criteria #6²
- 39541 Repair, diaphragmatic hernia (other than neonate), traumatic; chronic
PRIOR APPROVAL: Telephone ICD-9: 53.80 Refer to Criteria #6²
- 39545 Imbrication of diaphragm for eventration; paralytic
PRIOR APPROVAL: Telephone ICD-9: 53.7 Refer to Criteria #6²
- 39599 Unlisted procedure, diaphragm
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 40500 Vermilionectomy (lip shave), with mucosal advancement
PRIOR APPROVAL: Telephone ICD-9: 27.43
CRITERIA: Approval for precancerous lesion of lip. Cannot be approved as a cosmetic procedure
- 40799 Unlisted procedure, lips
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 40820 Destruction of lesion or scar of vestibule of mouth by physical methods
PRIOR APPROVAL: Telephone
CRITERIA: Approval for precancerous lesion of lip. Cannot be approved as a cosmetic procedure
- 40840 Vestibuloplasty; anterior
NOT A BENEFIT
- 40842 Vestibuloplasty; posterior, unilateral
NOT A BENEFIT
- 40843 Vestibuloplasty; posterior, bilateral
NOT A BENEFIT
- 40844 Vestibuloplasty; entire arch
NOT A BENEFIT

- 40845 Vestibuloplasty; complex (including ridge extension, muscle repositioning)
NOT A BENEFIT
- 40899 Unlisted procedure, vestibule of mouth
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 41599 Unlisted Procedure; tongue, floor of mouth
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 41899 Unlisted procedure, dentoalveolar structures
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 42145 Palatopharyngoplasty (for example, Uvulopalatopharyngoplasty, Uvulopharyngoplasty)
NOT A BENEFIT
- 42299 Unlisted procedure, palate, uvula
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 42699 Unlisted procedure, salivary glands or ducts
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 42999 Unlisted procedure, pharynx, adenoids or tonsils
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 43201 Esophagoscopy rigid or flexible with or without collection of specimen by brushing or washing with directed
submucosal injections, any substance
NOT A BENEFIT
- 43236 Uppergastrointestinal endoscopy with directed submucosal injection, an substance
NOT A BENEFIT
- 43257 Upper gastrointestinal endoscopy . . . as appropriate; with delivery of thermal energy to the muscle of lower
esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
NOT A BENEFIT
- 43280 Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)
PRIOR APPROVAL: Telephone ICD.9: 44.66 Criteria #6 and/or InterQual
- 43289 Unlisted laparoscopy procedure, esophagus
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 43313 Esophagoplasty for congenital defect
CRITERIA: covered for children less than twenty-one years of age
- 43314 with repair of congenital tracheoesophageal fistula
CRITERIA: covered for children less than twenty-one years of age
- 43324 Esophagogastric fundoplasty (for example, Nissen, Belsey IV, Hill procedures)
PRIOR APPROVAL: Telephone Refer to Criteria #6 ²
- 43325 Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)
PRIOR APPROVAL: Telephone Refer to Criteria #6 ²
- 43499 Unlisted procedure, esophagus
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux lim
150 cm or less)
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 43645 . . . with gastric bypass and small intestine reconstruction to limit absorption
NOT A BENEFIT
- 43659 Unlisted laparoscopy procedure, stomach (laparoscopic gastric bypass not covered)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 43752 Naso- or Oro-gastric tube placement necessitating physician skill
NOT A BENEFIT
- 43770** Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
NOT A BENEFIT
- 43771** Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
NOT A BENEFIT
- 43772** Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
NOT A BENEFIT
- 43773** Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
NOT A BENEFIT
- 43774** Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
NOT A BENEFIT
- 43820 Gastrojejunostomy
PRIOR APPROVAL: Telephone Refer to Criteria #6 ²
- 43825 Gastrojejunostomy with vagotomy, any type
PRIOR APPROVAL: Telephone Refer to Criteria #6 ²
- 43842 Gastric restrictive procedure without gastric by-pass for morbid obesity; vertical-banded gastroplasty
NOT A BENEFIT
- 43843 . . . other than vertical-banded gastroplasty
NOT A BENEFIT
- 43845 Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
NOT A BENEFIT
- 43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) roux-en-y gastroenterostomy
NOT A BENEFIT
- 43847 Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
NOT A BENEFIT
- 43848 Revision of gastric restrictive procedure for morbid obesity (separate procedure)
NOT A BENEFIT
- 43850 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy
PRIOR APPROVAL: Written Attach case record and medical indication for review
- 43855 With vagotomy
PRIOR APPROVAL: Written Attach case record and medical indication for review

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- 43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy
PRIOR APPROVAL: Written Attach case record and medical indication for review
- 43865With vagotomy
PRIOR APPROVAL: Written Attach case record and medical indication for review
- 43886** Gastric restrictive procedure, open; revision of subcutaneous port component only
NOT A BENEFIT
- 43887** Gastric restrictive procedure, open; removal of subcutaneous port component only
NOT A BENEFIT
- 43888** Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only
NOT A BENEFIT
- 43999 Unlisted procedure, stomach
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 44126 Entrectomy resection of small intestine for congenital atresia
CRITERIA: covered for children less than twenty-one years of age
- 44127 with tapering
CRITERIA: covered for children less than twenty-one years of age
- 44132 Donor enterectomy (including cold preservation), open; from cadaver donor
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 44133 Donor hepatectomy (including cold preservation), from cadaver donor
NOT A BENEFIT
- 44135 Intestinal allotransplantation, from cadaver donor
PRIOR APPROVAL: Written ICD-9: 46.97 Refer to Criteria #31²
- 44136 Intestinal allotransplantation, from living donor
PRIOR APPROVAL: Written ICD-9: 46.97 Refer to Criteria #31²
- 44206 Laparoscopy, surgical; colectomy, partial with end colostomy and closure of distal segment (Hartmann type procedure)
NOT A BENEFIT
- 44207 colectomy, partial with anastomosis with coloproctostomy (low pelvic anastomosis)
NOT A BENEFIT
- 44208 colectomy, partial with anastomosis with coloproctostomy (low pelvic anastomosis) with colostomy
NOT A BENEFIT
*
- 44211 colectomy, total abdominal, without proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J) with loop ileostomy, with or without rectal mucosectomy
NOT A BENEFIT
- 44212 colectomy, total abdominal, with proctectomy, with loop ileostomy
NOT A BENEFIT
- 44238 Unlisted laparoscopy procedure, intestine (except rectum)
NOT A BENEFIT
*
- 44701 Intraoperative colonic lavage
Prior Approval not required Limited to use with code 44604 CRITERIA: Attach documentation to claim.¹
- 44715 Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
NOT A BENEFIT
- 44720 Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each
NOT A BENEFIT
- 44721 . . . arterial anastomosis, each
NOT A BENEFIT
- 44799 Unlisted procedure, intestine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 44899 Unlisted procedure, Meckel's diverticulum and the mesentery
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 44979 Unlisted laparoscopy procedure, appendix
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹

- 45126 Pelvic exenteration for colorectal malignancy, with proctectomy, (with or without colostomy) with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof.
PRIOR APPROVAL: Telephone ICD-9: 68.8; 154.0; 154.1 Refer to Criteria #14 ²
- 45335 Sigmoidoscopy, flexible, with directed submucosal injection any substance
NOT A BENEFIT
- 45381 Colonoscopy, flexible, with directed submucosal injection any substance
NOT A BENEFIT
- *
45499 Unlisted laparoscopy procedure, rectum
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
*
- 46020 Placement of seton
NOT A BENEFIT
- 46505** Chemodenervation of internal anal sphincter
NOT A BENEFIT
- 46706 Repair of anal fistula with fibrin glue
NOT A BENEFIT
- 46947 Hemorrhoidopexy (i.e. for prolapsing internal hemorrhoids) by stapling.
NOT A BENEFIT
- 46999 Unlisted procedure, anus
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 47133 Donor hepatectomy, with preparation and maintenance of allograft; from cadaver donor
NOT A BENEFIT
- 47134 Donor hepatectomy, with preparation and maintenance of allograft; partial, from living donor (Must be considered as a package with the request for liver transplant.)
PRIOR APPROVAL: Written Refer to Criteria #24 ²
- 47135 Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
PRIOR APPROVAL: Written ICD-9: 50.5, 50.51, 50.59 Refer to Criteria #24 ²
- 47136 Liver allotransplantation, heterotopic, partial or whole, from cadaver or living donor, any age
PRIOR APPROVAL: Written ICD-9: 50.5, 50.51, 50.59 Refer to Criteria #24 ²
- 47140 Donor hepatectomy, (including cold preservation), from living donor; left lateral segment only (segments ii and iii)
NOT A BENEFIT
- 47141 Donor hepatectomy, with preparation and maintenance of allograft from living donor; total left lobectomy (segments II, III, and IV)
NOT A BENEFIT
- 47142 Donor hepatectomy, with preparation and maintenance of allograft from living donor; total right lobectomy (segments V, VI, VII, and VIII)
NOT A BENEFIT
- 47143 Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 47144 . . . with trisegment split of whole liver graft into two partial liver grafts (i.e. left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII)
NOT A BENEFIT
- 47145 . . . with lobe split of whole liver graft into two partial liver grafts (i.e. left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII)
NOT A BENEFIT
- 47146 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation, venous anastomosis, each
NOT A BENEFIT
- 47147 . . . arterial anastomosis, each
NOT A BENEFIT
- 47370 Laparoscopy, surgical, ablation of one or more liver tumor(s); radio-frequency
NOT A BENEFIT
- 47371 Laparoscopy; surgical, ablation of one or more liver tumor(s); cryosurgical
NOT A BENEFIT
- 47379 Unlisted laparoscopic procedure, liver
NOTE: Radio frequency ablation is NOT A BENEFIT.
PRIOR APPROVAL: not required CRITERIA: Attach documentation to claim. ¹
- 47380 Ablation, open, of one or more liver tumor(s); radio-frequency
NOT A BENEFIT
- 47382 Ablation, one or more liver tumor(s), percutaneous, radio-frequency
NOT A BENEFIT
- 47399 Unlisted procedure, liver
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 47579 Unlisted laparoscopy procedure, biliary tract
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 47999 Unlisted procedure, biliary tract
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 48155 Pancreatectomy, total;
NOT A BENEFIT
- 48160 Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet
NOT A BENEFIT
- 48550 Donor pancreatectomy (Including cold preservation), with or without duodenal segment for transplantation
NOT A BENEFIT
- 48551 Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
NOT A BENEFIT
- 48552 Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
NOT A BENEFIT
- 48999 Unlisted procedure, pancreas
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

- 49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy
PRIOR APPROVAL: Not Required Criteria: Attach documentation to claim. ¹
- 49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 49419 Insertion intraperitoneal cannula or catheter, with subcutaneous reservoir, permanent (i.e. totally implantable)
NOT A BENEFIT
- 49491 Repair, initial inguinal hernia, preterm infant (less than 37 weeks gestation at birth), performed from birth to 50 weeks old
CRITERIA: covered for children less than one year of age
- 49492 incarcerated or strangulated
CRITERIA: covered for children less than one year of age
- 49570 Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure)
PRIOR APPROVAL: Telephone ICD-9: 53.59 CRITERIA: Physical examination reveals existence of hernia
- 49659 Unlisted laparoscopy procedure, hernioplasty, herniorrhophy, herniotomy
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 49905 omental flap, intra-abdominal
NOT A BENEFIT
- 49999 Unlisted procedure, abdomen, peritoneum and omentum
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 50300 Donor nephrectomy, (including cold preservation); from cadaver donor, unilateral or bilateral
NOT A BENEFIT
- 50320 Donor nephrectomy, (including cold preservation); open, from living donor
NOT A BENEFIT
- 50323 Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
NOT A BENEFIT
- 50325 Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
NOT A BENEFIT
- 50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation, venous anastomosis, each
NOT A BENEFIT
- 50328 . . . arterial anastomosis, each
NOT A BENEFIT
- 50329 . . . ureteral anastomosis, each
NOT A BENEFIT
- 50370 Removal of transplanted renal allograft (for example, infarcted or rejected kidney)
PRIOR APPROVAL: Written Refer to Criteria #26 ²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 50380 Renal autotransplantation, reimplantation of kidney
PRIOR APPROVAL: Written ICD-9: 55.61 Refer to Criteria #26²
- 50542 Lararoscopy, surgical ablation of renal mass lesions
NOT A BENEFIT
- 50543 Partial nephrectomy
NOT A BENEFIT
- 50562 with resection of tumor
NOT A BENEFIT
- 50547 Lararoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
NOT A BENEFIT
- 50549 Unlisted laparoscopy procedure, renal
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 50592** Ablation, one or more renal tumor(s), percutaneous, unilateral, radio frequency
NOT A BENEFIT
- 50949 Unlisted laproscopic procedure, ureter
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 51798 Measurement of post voiding residual urine and/or bladder capacity by ultrasound, non imaging
NOT A BENEFIT
- 51925 Closure of vesicouterine fistula; with hysterectomy
PRIOR APPROVAL: Written ICD-9: 69.42 Refer to Criteria #14²
- 51999** Unlisted laparoscopy procedure, bladder
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 52402 Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
PRIOR APPROVAL: Telephone ICD-9: 63.93 Refer to Criteria #10²
- 52510 Transurethral balloon dilation of the prostatic urethra
NOT A BENEFIT
- 52647 Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy
meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
PRIOR APPROVAL: Telephone ICD-9: 63.70, 63.71, 63.73 Refer to Criteria #10²
- 52648 Contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy meatotomy,
cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
PRIOR APPROVAL: Telephone ICD-9: 63.70, 63.71, 63.73 Refer to Criteria #10²
- 53444 Insertion of tandem cuff (dual cuff)
NOT A BENEFIT
- 53899 Unlisted procedure, urinary system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 54115 Removal of foreign body from deep penile tissue (for example, plastic implant
NOT A BENEFIT
- 54120 Amputation of penis; partial
PRIOR APPROVAL: Written ICD-9: 64.3 Refer to Criteria #9²
- 54125 ... complete
PRIOR APPROVAL: Written ICD-9: 64.3 Refer to Criteria #9²
- 54130 Amputation of penis, radical; with bilateral inguinofofemoral lymphadenectomy
PRIOR APPROVAL: Written ICD-9: 64.3 Refer to Criteria #9²

- 54135 . . . in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
PRIOR APPROVAL: Written ICD-9: 64.3 Refer to Criteria #9²
- 54150 Circumcision, using clamp or other device; newborn
NOT A BENEFIT
- 54152 . . . except newborn
NOT A BENEFIT
- 54160 Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
NOT A BENEFIT
- 54161 . . . except newborn
NOT A BENEFIT
- 54162 Lysis or excision of penile post-circumcision adhesions
CRITERIA: covered for children less than twenty-one years of age
- 54163 Repair incomplete circumcision
NOT A BENEFIT
- 54164 Frenulotomy of penis
CRITERIA: covered for children less than twenty-one years of age
- 54230 Injection procedure for corpora cavernosa for priapism
NOT A BENEFIT
- 54231 Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (for example, papaverine, phentolamine)
NOT A BENEFIT
- 54235 Injection of corpora cavernosa with pharmacologic, agent(s), (for example, papaverine, phentolamine, etc.)
NOT A BENEFIT
- 54240 Penile plethysmography
NOT A BENEFIT
- 54250 Nocturnal penile tumescence and/or rigidity test
NOT A BENEFIT
- 54400 Insertion of penile prosthesis, non-inflatable (semi-rigid)
NOT A BENEFIT
- 54401 Inflatable (self-contained)
NOT A BENEFIT
- 54405 Insertion of inflatable (multi-component) penile, prosthesis, including placement of pump, cylinders and/or reservoir
NOT A BENEFIT
- 54406 Removal of all components of a multi-component, inflatable penile prosthesis, without replacement of prosthesis
NOT A BENEFIT
- 54408 Repair of components of a multi-component, inflatable penile prosthesis
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 54410 Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session
NOT A BENEFIT
- 54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissues
NOT A BENEFIT
- 54415 Removal of non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis, without replacement of prosthesis
NOT A BENEFIT
- 54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
NOT A BENEFIT
- 54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement
NOT A BENEFIT
- 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
PRIOR APPROVAL: Written ICD-9: 62.3, 62.4 Refer to Criteria #8²
- 54530 . . . radical, for tumor; inguinal approach
PRIOR APPROVAL: Written ICD-9: 62.3, 62.4 Refer to Criteria #8²
- 54535 . . . with abdominal exploration
PRIOR APPROVAL: Written ICD-9: 62.3, 62.4 Refer to Criteria #8²
- 54660 Insertion of testicular prosthesis (separate procedure)
NOT A BENEFIT
- 54690 Laparoscopy, surgical; orchiectomy
PRIOR APPROVAL: Telephone ICD-9: 62.3, 62.4 Criteria #8²
- 54699 Unlisted laparoscopy procedure, testis
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 54900 Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
NOT A BENEFIT
- 54901 Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
NOT A BENEFIT
- 55200 Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
NOT A BENEFIT
- 55250 Vasectomy, unilateral or bilateral (separate procedure) including postoperative semen examinations
PRIOR APPROVAL: Telephone ICD-9: 63.70, 63.71, 63.73 Refer to Criteria #10²
- 55300 Vasotomy for vasograms, seminal vesiculograms or epididymograms unilateral or bilateral
NOT A BENEFIT
- 55400 Vasovasostomy, vasovasorrhaphy
NOT A BENEFIT

55450	Ligation (percutaneous) of vas deferens unilateral or bilateral (separate procedure) PRIOR APPROVAL: Telephone ICD-9: 63.70, 63.71, 63.73	Refer to Criteria #10 ²
55530	Excision of varicocele or ligation of spermatic veins for varicocele (Separate procedure) PRIOR APPROVAL: Telephone ICD-9: 63.1	Refer to Criteria #10 ²
55535	Excision of varicocele or ligation of spermatic veins for varicocele abdominal approach PRIOR APPROVAL: Telephone ICD-9: 63.1	Refer to Criteria #10 ²
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair PRIOR APPROVAL: Telephone ICD-9: 63.1	Refer to Criteria #10 ²
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele PRIOR APPROVAL: Telephone	Refer to Criteria #10 ²
55559	Unlisted laparoscopy procedure, spermatic cord PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
55600	Vesiculectomy PRIOR APPROVAL: Telephone ICD-9: 60.7, 60.72, 60.73, 60.79	Refer to Criteria #10 ²
55605	... complicated PRIOR APPROVAL: Telephone ICD-9: 60.7, 60.72, 60.73, 60.79	Refer to Criteria #10 ²
55650	Vesiculectomy, any approach PRIOR APPROVAL: Telephone ICD-9: 60.73	Refer to Criteria #10 ²
55866	Laproscopy, surgical prostatectomy, retropubic radical including nerve sparing NOT A BENEFIT	
55870	Electroejaculation NOT A BENEFIT	
55899	Unlisted procedure, male genital system PRIOR APPROVAL: Telephone ICD-9: 63.1	Refer to Criteria #10 ²
55970	Intersex surgery; male to female NOT A BENEFIT	
55980	Intersex surgery; female to male NOT A BENEFIT	
56800	Plastic repair of introitus NOT A BENEFIT	
56805	Clitoroplasty for intersex state NOT A BENEFIT	
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy NOT A BENEFIT	
57291	Construction of artificial vagina; without graft NOT A BENEFIT	
57292	Construction of artificial vagina; with graft NOT A BENEFIT	
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach NOT A BENEFIT	

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 57335 Vaginoplasty for intersex state
NOT A BENEFIT
- 57531 Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling; biopsy, with or without removal of tube(s), with or without removal of ovary(s)
PRIOR APPROVAL: Telephone ICD-9: 40.3, 40.5, 65.61, 65.62, 67.4 Refer to Criteria # 10²
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- 58140 Myomectomy, excision of fibroid tumor of uterus; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas; abdominal approach
PRIOR APPROVAL: Telephone ICD-9: 68.29, 68.23 Refer to Criteria #12²
- 58145 . . . vaginal approach
PRIOR APPROVAL: Telephone ICD-9: 68.29, 68.23 Refer to Criteria #12
- 58146 excision of fibroid tumors of uterus, 5 or more intramural myomas and/or intramural myomas with total wt. > 250gms., abdominal approach
PRIOR APPROVAL: Telephone ICD-9: 68.29, 68.23 Refer to Criteria #12²
- 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
PRIOR APPROVAL: Telephone ICD-9: 68.4 Refer to Criteria #14²
- 58152 . . . with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type)
PRIOR APPROVAL: Telephone ICD-9: 68.4 Refer to Criteria #14²
- 58180 Supracervical abdominal hysterectomy (subtotal hysterectomy) with or without removal of tube(s), with or without removal of ovary(s)
PRIOR APPROVAL: Telephone ICD-9: 68.31 68.39 Refer to Criteria #14²
- 58200 Total abdominal hysterectomy, including partial vaginectomy, with limited para-aortic and pelvic lymph nodes sampling with or without removal of tube(s), with or without removal of ovary(s)
PRIOR APPROVAL: Telephone ICD-9: 64.8 Refer to Criteria #14²
- 58210 Radical abdominal hysterectomy, with bilateral total pelvic and para-aortic lymph node sampling (biopsy) with or without removal of tube(s) with or without removal of ovary(s)
PRIOR APPROVAL: Telephone ICD-9: 68.6 Refer to Criteria #14²
- 58240 Pelvic extenteration for gynecological malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tubes, with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and or abdominoperineal resection of rectum and colon and colostomy, any combination thereof.
PRIOR APPROVAL: Telephone ICD-9: 68.8 Refer to Criteria #14²
- 58260 Vaginal hysterectomy, for uterus 250 grams or less
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²
- 58262 . . . with removal of tubes
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²
- 58263 . . . with removal of tube(s), and/or ovary(s)
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²
- 58267 . . . with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type, with or without endoscopic control)
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²

- 58270 . . . with repair of enterocele
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²
- 58275 . . . with total or partial vaginectomy;
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²
- 58280 . . . with repair of enterocele
PRIOR APPROVAL: Telephone ICD-9: 68.5; 68.59 Refer to Criteria #15²
- 58285 . . . radical (Schauta type operation)
PRIOR APPROVAL: Telephone ICD-9: 68.7 Refer to Criteria #15²
- 58290 Vaginal hysterectomy for uterus greater than 250 grams
PRIOR APPROVAL: Telephone ICD-9: 68.51, 68.59 Refer to Criteria #15²
- 58291 . . . with removal of tubes and ovaries
PRIOR APPROVAL: Telephone ICD-9: 68.51, 68.59, 65.61; 65.62 Refer to Criteria #15²
- 58292 . . . with removal of tubes and ovaries, and repair enterocele
PRIOR APPROVAL: Telephone ICD-9: 68.51; 68.59, 65.61; 65.62; 70.92 Refer to Criteria #15²
- 58293 . . . with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) w or w/o endoscopic control
PRIOR APPROVAL: Telephone ICD-9: 68.51, 68.59; 59.5; 59.6 Refer to Criteria #15²
- 58294 . . . with repair of enterocele
PRIOR APPROVAL: Telephone ICD-9: 68.51, 68.59, 70.92 Refer to Criteria #15²
- 58321 Artificial insemination; intra-cervical
NOT A BENEFIT
- 58322 Artificial insemination; intra-uterine
NOT A BENEFIT
- 58323 Sperm washing for artificial insemination
NOT A BENEFIT
- 58340 Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (sis) or
hysterosalpingography
NOT A BENEFIT
- 58345 Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with
or without hysterosalpingography
NOT A BENEFIT
- 58346 Insertion of Heyman capsules for clinical brachytherapy
NOT A BENEFIT
- 58350 Chromotubation of oviduct, including materials
PRIOR APPROVAL: Telephone ICD-9: 66.8
Cannot be approved for cases of infertility ; Cannot be approved to reverse bilateral tubal ligation
- 58353 Endometrial ablation, thermal, without hysteroscopic guidance
PRIOR APPROVAL: Telephone ICD-9: 68.12 Refer to Criteria #13²
- 58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when preformed
PRIOR APPROVAL: Telephone ICD-9: 68.23 Refer to Criteria #13²
- 58545 Laproscopic, surgical myomectomy, excision; 1 to 4 intramural myomas with total wt. ≤ 250 gms,
PRIOR APPROVAL: Telephone ICD-9: 68.29, 68.23 Refer to Criteria #12²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 58546 . . . 5 or more intramural myomas with total wt. greater than 250 gms,
PRIOR APPROVAL: Telephone ICD-9: 68.29, 68.23 Refer to Criteria #12²
- 58550 Laparoscopy, surgical; with vaginal hysterectomy for uterus 250 grams or less
PRIOR APPROVAL: Telephone ICD-9: 68.5, 68.51; 68.59 Refer to Criteria #15²
- 58552 . . . with removal of tubes and ovaries
PRIOR APPROVAL: Telephone ICD-9: 65.53, 65.54; 65.63; 65.64; 68.51 Refer to Criteria #15²
- 58553 Laparoscopy, surgical; with vaginal hysterectomy for uterus greater than 250 grams
PRIOR APPROVAL: Telephone ICD-9: 65.53, 65.54; 65.63; 65.64; 68.51 Refer to Criteria #15²
- 58554 . . . with removal of tubes and ovaries
PRIOR APPROVAL: Telephone ICD-9: 65.53, 65.54; 65.63; 65.64; 68.51 Refer to Criteria #15²
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- 58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without d & c
PRIOR APPROVAL: Telephone ICD-9: 68.16 Refer to Criteria #13²
- 58559 Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
PRIOR APPROVAL: Telephone ICD-9: 68.12 Refer to Criteria #13²
- 58560 Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
PRIOR APPROVAL: Telephone ICD-9: 68.12 Refer to Criteria #13²
- 58561 Hysteroscopy, surgical; with removal of leiomyomata
PRIOR APPROVAL: Telephone ICD-9: 68.12 Refer to Criteria #13²
- 58562 Hysteroscopy, surgical; with removal of impacted foreign body
PRIOR APPROVAL: Telephone ICD-9: 68.12 Refer to Criteria #13²
- 58563 Hysteroscopy, surgical; with endometrial ablation (e.g., endometrial resection, electrosurgical ablation, thermoablation)
PRIOR APPROVAL: Telephone ICD-9: 68.12; 68.23 Refer to Criteria #10²
- 58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
NOT A BENEFIT
- 58578 Unlisted laparoscopy procedure, uterus
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 58579 Unlisted hysteroscopy procedure, uterus
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 58600 Ligation or transection of Fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
PRIOR APPROVAL: Telephone ICD-9: 66.2, 66.21, 66.22, 66.29 Refer to Criteria #10²
- 58605 Ligation or transection of Fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)
PRIOR APPROVAL: Telephone ICD-9: 66.2, 66.21, 66.22, 66.29 Refer to Criteria #10²
- 58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (list separately In addition to code for primary procedure)
PRIOR APPROVAL: Telephone ICD-9: 66.2, 66.21, 66.22, 66.29 Refer to Criteria #10²
- 58615 Occlusion of Fallopian tube(s) by device (for example, band, clip Falope ring) vaginal or suprapubic approach
PRIOR APPROVAL: Telephone ICD-9: 66.2, 66.21, 66.22, 66.29 Refer to Criteria #10²

- 58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
PRIOR APPROVAL: Telephone ICD-9: 65.41; 65.49; 65.61; 65.63; 65.64 Refer to Criteria #11²
- 58662 Laparoscopy, surgical; with fulguration or excision of lesions ovary, pelvic visera, or peritoneal surface, any method
PRIOR APPROVAL: Telephone ICD-9: 54.3; 54.4, 65.25; 65.29; 66.3; 66.31; 66.32; 66.39 Refer to Criteria #10²
- 58670 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
PRIOR APPROVAL: Telephone ICD-9: 66.2, 66.21, 66.22, 66.29 Refer to Criteria #10²
- 58671 Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or falope ring)
PRIOR APPROVAL: Telephone ICD-9: 66.3, 66.31, 66.32, 66.39 Refer to Criteria #10²
- 58672 Laparoscopy, surgical; with fimbrioplasty
NOT A BENEFIT
- 58673 Laparoscopy surgical; with salpingostomy (salpingoneostomy)
NOT A BENEFIT
- 58679 Unlisted laparoscopy procedure, oviduct, ovary
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 58700 Salpingectomy (complete or partial), unilateral or bilateral (separate procedure)
PRIOR APPROVAL: Telephone ICD-9: 66.4, 66.5, 66.51, 66.6 Refer to Criteria #11²
- 58720 Salpingo-Oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
PRIOR APPROVAL: Telephone ICD: 65.41; 65.49; 65.61; 65.63; 65.64 Refer to Criteria #11²
- 58750 Tubotubal anastomosis
NOT A BENEFIT
- 58752 Tubouterine implantation
NOT A BENEFIT
- 58760 Fimbrioplasty
NOT A BENEFIT
- 58770 Salpingostomy (salpingoneostomy)
NOT A BENEFIT
- 58940 Oophorectomy, partial or total, unilateral or bilateral
PRIOR APPROVAL: Telephone ICD-9: 65.39; 65.51; 65.52 Refer to Criteria #11²
- 58943 Oophorectomy, partial or total, unilateral or bilateral; oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
PRIOR APPROVAL: Telephone ICD-9: 65.39, 65.51, 65.52 Refer to Criteria #11²
- 58950 Partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
PRIOR APPROVAL: Telephone ICD-9: 65.61 Refer to Criteria #11²
- 58951 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
PRIOR APPROVAL: Telephone ICD-9: 65.61 Refer to Criteria #11²
- 58952 Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
PRIOR APPROVAL: Telephone ICD-9: 65.61 Refer to Criteria #11²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; PRIOR APPROVAL: Telephone ICD-9: 65.61	Refer to Criteria #11 ²
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy PRIOR APPROVAL: Telephone ICD-9: 65.61	Refer to Criteria #11 ²
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy PRIOR APPROVAL: Telephone ICD-9: 68.4	Refer to Criteria #14 ²
58970	Follicle puncture for oocyte retrieval, any method NOT A BENEFIT	
58974	Embryo transfer, any method (separate procedure) NOT A BENEFIT	
58976	Gamete or zygote intrafallopian transfer, any method NOT A BENEFIT	
58999	Unlisted procedure female genital system (non-obstetrical) PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
59070	Transabdominal aminioinfusion, including ultrasound guidance NOT A BENEFIT	
59072	Fetal umbilical cord occlusion, including ultrasound guidance NOT A BENEFIT	
59074	Fetal fluid drainage (vesicocentesis, thoracentesis, paracentesis), including ultrasound guidance NOT A BENEFIT	
59076	Fetal shunt placement, including ultrasound guidance NOT A BENEFIT	
59100	Hysterotomy, abdominal (for example, for hydatidiform mole, abortion) PRIOR APPROVAL: Written ICD-9: 68.0	Refer to Criteria #17 ²
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy an/or oophorectomy, abdominal or vaginal approach PRIOR APPROVAL: Written ICD-9: 65.3, 66.4, 66.6, 66.62, 66.69	Refer to Criteria #16 ²
59130	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy an/or oophorectomy, abdominal pregnancy PRIOR APPROVAL: Written ICD-9: 65.3, 66.4, 66.6, 66.62, 66.69	Refer to Criteria #16 ²
59135	Surgical treatment ectopic pregnancy interstitial uterine requiring total hysterectomy PRIOR APPROVAL: Written ICD-9: 65.3, 66.4, 66.6, 66.62, 66.69	Refer to Criteria #16 ²
59136	Surgical treatment ectopic pregnancy interstitial uterine pregnancy with partial resection of uterus PRIOR APPROVAL: Written ICD-9: 65.3, 66.4, 66.6, 66.62, 66.69	Refer to Criteria #16 ²
59140	Surgical treatment of ectopic pregnancy, cervical with evacuation PRIOR APPROVAL: Written ICD-9: 65.3, 66.4, 66.6, 66.62, 66.69	Refer to Criteria #16 ²
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy PRIOR APPROVAL: Written	Refer to Criteria #16 ²
59151	Laparoscopic treatment for ectopic pregnancy (Salpingectomy and/or Oophorectomy) PRIOR APPROVAL: Written ICD-9: 65.4, 65.41, 65.49, 66.62	Refer to Criteria #16 ²
59200	Insertion of cervical dilator (e.g., laminaria, prostaglandin) (Separate procedure) Prior Approval Telephone ICD-9.CM 73.1, 73.4	Criteria #17 ²

- 59412 External cephalic version, with or without tocolysis
NOT A BENEFIT
- 59414 Delivery of placenta (separate procedure)
NOT A BENEFIT
- 59525 Subtotal or total hysterectomy after cesarian delivery
PRIOR APPROVAL: Written ICD-9: 68.39, 68.9 Refer to Criteria #16²
- 59840 Induced abortion, by dilatation and curettage
PRIOR APPROVAL: Written ICD-9: 69.01 Refer to Criteria #17²
- 59841 Induced abortion by dilatation and evacuation
PRIOR APPROVAL: Written ICD-9: 69.51 Refer to Criteria #17²
- 59850 Induced abortion by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines
PRIOR APPROVAL: Written ICD-9: 75.0 Refer to Criteria #17²
- 59851 Induced abortion with D&C and/or evacuation
PRIOR APPROVAL: Written ICD-9: 69.01, 69.51, 75.0 Refer to Criteria #17²
- 59852 Induced abortion with hysterotomy (failed intra-amniotic injection)
PRIOR APPROVAL: Written ICD-9: 74.91, 75.0 Refer to Criteria #17²
- 59855 Induced abortion, by one or more vaginal suppositories (for example, prostaglandin) with or without cervical dilation (for example, laminaria) including hospital admission and visits, delivery of fetus and secundines
PRIOR APPROVAL: Written ICD-9: 69.93, 96.49 Refer to Criteria #17²
- 59856 . . . with dilation and curettage and/or evacuation
PRIOR APPROVAL: Written ICD-9: 69.01, 69.51, 69.93, 96.49 Refer to Criteria #17²
- 59857 . . . with hysterotomy (failed medical evacuation)
PRIOR APPROVAL: Written ICD-9: 69.93, 74.91, 96.49 Refer to Criteria #17²
- 59866 Multi fetal pregnancy reduction
NOT A BENEFIT
- 59870 Uterine evacuation and curettage for hydatidiform mole
PRIOR APPROVAL: Written ICD-9: 69.51 Refer to Criteria #16²
- 59897 Unlisted fetal invasive procedure, including ultrasound guidance
NOT A BENEFIT
- 59898 Unlisted laparoscopy procedure, maternity care and delivery
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 60659 Unlisted laparoscopy procedure, endocrine system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 60699 Unlisted procedure, endocrine system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation or associated intraparenchymal hematoma; without lobectomy
NOT A BENEFIT
- 61323 with lobectomy
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 61517 Implantation of brain intracavity chemotherapy agent
NOT A BENEFIT
- 61623 Endovascular temporary balloon arterial occlusion, head or neck including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring & radiologic supervision & interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
NOT A BENEFIT
- 61630** Balloon angioplasty, intracranial (e.g. atherosclerotic stenosis), percutaneous
NOT A BENEFIT
- 61635** Transcatheter placement of intravascular stent(s), intracranial (e.g. atherosclerotic stenosis), including balloon angioplasty, if performed
NOT A BENEFIT
- 61640** Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
NOT A BENEFIT
- 61641** Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 61642** Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 61711 Anastomosis, arterial, extracranial-intracranial (i.e. middle cerebral/cortical) arteries
NOT A BENEFIT
- 61720 Creation lesion by stereotactic method, single/multiple stages; globus pallidus or thalamus
NOT A BENEFIT
- 61735 Creation lesion by stereotactic method, single/multiple stages; other subcortical structures
NOT A BENEFIT
- 61760 Stereotactic implantation of depth electrodes into cerebrum for long term seizure monitor
NOT A BENEFIT
- 61790 Creation of lesion by stereotactic method, RF, neurolytic agent etc.;gasserian ganglion
NOT A BENEFIT
- 61791 Creation of lesion ...; trigeminal medullary tract
NOT A BENEFIT
- 61793 Stereotactic radiosurgery; one or more sessions (covered when medically necessary for lesion 3m or less)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 61863 Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (i.e. thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) without use of intraoperative microelectrode recording; first array
NOT A BENEFIT
- 61864 Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (i.e. thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) without use of intraoperative microelectrode recording; each additional
NOT A BENEFIT
- 61867 Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (i.e. thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) with use of intraoperative microelectrode recording; first array
NOT A BENEFIT

- 61868 Twist drill, burr hole, craniotomy or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (i.e. thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray) with use of intraoperative microelectrode recording; each additional
NOT A BENEFIT
- 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
Prior Approval: Written Refer to Criteria #32A²
- 61886 . . . with connection to two or more electrode arrays
NOT A BENEFIT
- 61888 Revision or removal of cranial neurostimulator pulse generator or receiver
PRIOR APPROVAL: Written ICD-9: 04.92; 04.93; 345.41; 345.51 Refer to Criteria #32A²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty
NOT A BENEFIT
- 62161 Neuroendoscopy, intracranial; for dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 62162 with fenestration or excision of colloid cysts, including placement of ventricular catheter for drainage
NOT A BENEFIT
- 62163 with retrieval of foreign body
NOT A BENEFIT
- 62164 with excision of brain tumor, including placement of external ventricular catheter for drainage
NOT A BENEFIT
- 62165 with excision of pituitary tumor, transnasal or trans-sphenoidal
NOT A BENEFIT
- 62201 Ventriculocisternostomy, third ventricle; stereotactic method, neuroendoscopic method
NOT A BENEFIT—neuroendoscopic method, only stereotactic method is covered
- 62263 Percutaneous lysis of epidural adhesions using solution injection or mechanical means, administered in multiple adhesiolysis sessions: two or more days
NOT A BENEFIT
- 62264 one day
NOT A BENEFIT
- 62287 Aspiration procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method single or multiple levels, lumbar
PRIOR APPROVAL: Written ICD-9: 80.52 Refer to Criteria #3 ²
- 62292 Injection procedure of chemonucleolysis, including diskography intervertebral disc, single or multiple levels; lumbar
PRIOR APPROVAL: Telephone ICD: 80.52 Refer to Criteria #3 ²
- 62310 Injection Dx or Rx substance (anesthetic) epidural or subarachnoid cervical or thoracic
PRIOR APPROVAL: Not Required Refer to Criteria #33B ²
- 62311 Injection DX or Rx substance (anesthetic) epidural or subarachnoid lumbar or sacral
PRIOR APPROVAL: Not Required Refer to Criteria #33B ²
- 62318 injection/cath placement for drug infusion epidural or subarachnoid cervical/thoracic
PRIOR APPROVAL: Not Required Refer to Criteria #33B ²
- 62319 injection/cath placement for drug infusion epidural or subarachnoid lumbar sacral
PRIOR APPROVAL: Not Required Refer to Criteria #33B ²
- 62361 Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable
NOT A BENEFIT
- 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
NOT A BENEFIT
- 62368 ...with reprogramming
NOT A BENEFIT

63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (for example, spinal stenosis), one or two vertebral segments: cervical PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63003	Laminectomy with exploration and/or decompression of spinal cord an/or cauda equina, without facetectomy, foraminotomy diskectomy (for example, spinal stenosis) one or two vertebral segments; thoracic PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (for example, spinal stenosis) one or two vertebral segments; lumbar, except for spondylolisthesis PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy,(for example, spinal stenosis), one or two vertebral segments; sacral PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure) PRIOR APPROVAL: Written	Refer to Criteria #1 ²
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina without facetectomy, foraminotomy or diskectomy, (for example, spinal stenosis) more than 2 vertebral segments; cervical PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63016	... thoracic PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63017	... lumbar PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, one interspace; cervical PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically-assisted approach) PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63035	each additional interspace, cervical or lumbar PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #17 ²
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including laminotomy, single cervical facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including laminotomy, single cervical facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral) with decompression of spinal cord, cauda equina and/or nerve root(s), (for example, spinal or lateral recess stenosis); cervical PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63046	... thoracic PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²
63047	... lumbar PRIOR APPROVAL: Written ICD-9: 80.51	Refer to Criteria #1 ²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 63048 . . . each additional segment, cervical, thoracic or lumbar
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63050 Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;
PRIOR APPROVAL: Telephone ICD-9: 03.09 Refer to Criteria #1²
- 63051 . . . with reconstruction of the posterior bony elements (including application of bridging bone graft and non-segmental fixation devices (i.e. wire, suture, mini-plates), when preformed)
PRIOR APPROVAL: Telephone ICD-9: 03.09 Refer to Criteria #1²
- 63055 Transpedicular approach for decompression of spinal cord, equina and/or nerve root(s), (e.g., herniated intervertebral disk), single segment; thoracic
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g., herniated intervertebral disk), single segment: lumbar (including transfacet, or lateral extraforaminal approach) (e.g., far lateral herniated intravertebral disk)
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63057 . . . each additional segment, thoracic or lumbar
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63064 Costovertebral approach with decompression of spinal cord or nerve root(s), (e.g., herniated intervertebral disc), thoracic; single segment
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63066 . . . each additional segment
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63075 Discectomy, anterior, for decompression of spinal cord and/or nerve root(s), including osteophylectomy; cervical, single interspace
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63076 . . . cervical, each additional interspace
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63077 . . . thoracic, single interspace
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63078 . . . thoracic, each additional interspace
PRIOR APPROVAL: Written ICD-9: 80.51 Refer to Criteria #1²
- 63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
PRIOR APPROVAL: Written ICD-9: 03.09 Refer to Criteria #1²
- 63082 . . . cervical, each additional segment
PRIOR APPROVAL: Written ICD-9: 03.09 Refer to Criteria #1²
- 63085 Vertebral corpectomy (vertebral body resection) partial or complete, transthoracic approach with decompression approach of spinal cord and/or nerve root(s) thoracic, single segment
PRIOR APPROVAL: Telephone ICD-9: 32.6 Refer to Criteria #1²
- 63086 . . . thoracic, each additional segment
PRIOR APPROVAL: Telephone ICD-9: 32.6 Refer to Criteria #1²
- 63087 Vertebral corpecty (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
PRIOR APPROVAL: Telephone ICD-9: 03.09 Refer to Criteria #1²

63088	... each additional segment PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63090	Vertebra corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63091	... each additional segment PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63170	Laminectomy with myelotomy (e.g., Bischof or DREZ type), cervical, thoracic or thoracolumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63173	... to peritoneal or pleural space PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63251	... thoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63252	... thoracolumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63266	... thoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63267	... lumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63268	... sacral PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63271	... thoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63272	... lumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63273	... sacral PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #17 ²
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63276	... extradural, thoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63277	... extradural, lumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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63278	... extradural, sacral PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63280	... intradural, extramedullary, cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63281	... intradural, extramedullary, thoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63282	... intradural, extramedullary, lumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63283	... intradural, extramedullary, sacral PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63285	... intradural, intramedullary, cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63286	... intradural, intramedullary, thoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63287	... intradural, intramedullary, thoracolumbar PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63290	... combined extradural-intradural lesions, any level PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (add-on) PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63300	Vertebral corpectomy (vertebral body resection) partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63301	... extradural, thoracic by transthoracic approach PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63302	... extradural, thoracic by thoracolumbar approach PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63303	... extradural, lumbar or sacral by transperitoneal or retroperitoneal approach PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63304	... intradural, cervical PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63305	... intradural, thoracic by transthoracic PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63306	... intradural, thoracic by thoracolumbar approach PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63307	... intradural, lumbar or sacral by transperitoneal or retroperitoneal approach PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²
63308	... each additional segment (list separately in addition to codes for single segment 63300-63307) PRIOR APPROVAL: Telephone ICD-9: 03.09	Refer to Criteria #1 ²

- 63650 Percutaneous implantation of neurostimulator electrode array, epidural
PRIOR APPROVAL: Written ICD-9: 03.93; 03.94; 337.21, 337.22; 337.29, 353.0, 353.1, 353.8, 413.9, 440.22, 443.9, 722.81, 722.82, 722.83, 952.4, 953.0, 953.1, 953.2, 953.3 Refer to Criteria #32C²
- 63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
PRIOR APPROVAL: Written ICD-9: 03.93; 03.94; 337.21, 337.22, 337.29, 353.0, 353.1, 353.8, 413.9, 440.22, 443.9, 722.81, 722.82, 722.83, 952.4, 953.0, 953.1, 953.2, 953.3 Refer to Criteria #32C²
- 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
PRIOR APPROVAL: Written ICD9-: 03.93 Refer to Criteria #32C²
- 64402 anesthetic injection facial nerve
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64405 anesthetic injection greater occipital
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64415 anesthetic injection brachial plexus, single
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64416 Brachial plexus, continuous infusion by catheter, including catheter placement and daily management for anesthetic agent administration
NOT A BENEFIT
- 64418 anesthetic injection suprascapular nerve
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64420 anesthetic injection intercostal nerve single
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64421 anesthetic injection intercostal nerve multiple
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64435 anesthetic injection paracervical uterine nerve
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64445 anesthetic injection sciatic nerve, single
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64446 sciatic nerve, continuous infusion by catheter, including catheter placement and daily management for anesthetic agent administration
NOT A BENEFIT
- 64447 anesthetic injection femoral nerve, single
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64448 femoral nerve, continuous infusion by catheter, including catheter placement and daily management for anesthetic agent administration
NOT A BENEFIT
- 64449 Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter
NOT A BENEFIT
- 64470 anesthetic injection paravertebral facet joint nerve, cervical or thoracic, single
PRIOR APPROVAL: Not Required Refer to Criteria #33B²
- 64472 anesthetic injection paravertebral facet joint nerve, cervical or thoracic each additional
PRIOR APPROVAL: Not Required Refer to Criteria #33B²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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64475	anesthetic injection paravertebral facet joint nerve, lumbar or sacral, single PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64476	anesthetic injection paravertebral facet joint nerve, lumbar or sacral each additional PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64479	anesthetic injection transforminal epidural; cervical or thoracic PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64480	anesthetic injection transforminal epidural; cervical or thoracic each additional PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64483	anesthetic injection transforminal epidural; lumbar or sacral PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64484	anesthetic injection transforminal epidural; lumbar or sacral each additional PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64510	anesthetic injection stellate ganglion (cervical sympathetic) PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64517	Injection anesthetic agent, superior hypogastric plexus NOT A BENEFIT	
64520	anesthetic injection lumbar or thoracic (paravertebral sympathetic) PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64530	anesthetic injection celiac plexus, with or without radiologic monitoring PRIOR APPROVAL: Not Required	Refer to Criteria #33B ²
64550	Application of surface (transcutaneous) neurostimulator NOT A BENEFIT	
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement) PRIOR APPROVAL: Written ICD-9: 788.31	Refer to Criteria #32B ²
64573	Incision for implantation of neurostimulator electrodes; cranial nerve PRIOR APPROVAL: Written ICD-9: 04.92; 04.93; 345.41; 345.51	Refer to Criteria #32A ²
64581	Incision for neurostimulator electrode implant; sacral nerve PRIOR APPROVAL: Written ICD-9: 788.31	Refer to Criteria #32B ²
64585	Revision or removal of peripheral neurostimulator electrodes PRIOR APPROVAL: Written ICD-9: 04.92; 04.93; 345.41; 345.51	Refer to Criteria #32B ²
64590	Insertion or replacement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling PRIOR APPROVAL: Written ICD-9: 04.92; 04.93; 345.41; 345.51	Refer to Criteria #32B ²
64595	Revision or removal of peripheral neurostimulator pulse generator receiver PRIOR APPROVAL: Written ICD-9: 04.92; 04.93; 345.41; 345.51	Refer to Criteria #32B ²
64650	Chemodenervation of eccrine glands; both axillae NOT A BENEFIT	
64653	Chemodenervation of eccrine glands; other area(s) (e.g. scalp, face, neck), per day NOT A BENEFIT	
64681	Destruction by neurolytic agent, superior hypogastric plexus, with or without radiological monitoring PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹
64721	... median nerve at carpal tunnel PRIOR APPROVAL: Telephone ICD-9: 04.43	Refer to Criteria #18 ²
64722	Decompression; unspecified nerve(s) PRIOR APPROVAL: Not Required	CRITERIA: Attach documentation to claim. ¹

- 64821 Sympathectomy; radial artery
NOT A BENEFIT
- 64822 Sympathectomy; ulnar artery
NOT A BENEFIT
- 64823 Sympathectomy
NOT A BENEFIT
- 64999 Unlisted procedure, nervous system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 65760 Keratomileusis
NOT A BENEFIT
- 65765 Keratophakia
NOT A BENEFIT
- 65767 Epikeratoplasty
NOT A BENEFIT
- 65770 Keratoprosthesis
NOT A BENEFIT
- 65771 Radial keratotomy
NOT A BENEFIT
- 65780 Ocular surface reconstruction, amniotic membrane transplantation
NOT A BENEFIT
- 65781 Ocular surface reconstruction; limbal stem cell allograft (i.e. living donor or cadaver) includes obtaining graft
NOT A BENEFIT
- 65782 Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)
NOT A BENEFIT
- 66999 Unlisted procedure, anterior segment of eye
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 67299 Unlisted procedure, posterior segment
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 67399 Unlisted procedure, ocular muscle
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 67599 Unlisted procedure, orbit
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
NOT A BENEFIT
- 67901 Repair of blepharoptosis: frontalis muscle technique with suture or other material
PRIOR APPROVAL: Written ICD-9: 08.31 Refer to Criteria #19 ²
- 67902 ... frontalis muscle technique with fascial sling (includes obtaining fascia)
PRIOR APPROVAL: Written ICD-9: 08.32 Refer to Criteria #19 ²
- 67903 ... (tarso) levator resection or advancement, internal approach
PRIOR APPROVAL: Written ICD-9: 08.33 Refer to Criteria #19 ²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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67904	... (tarso) levator resection or advancement external approach PRIOR APPROVAL: Written ICD-9: 08.34	Refer to Criteria #19 ²
67906	... superior rectus technique with facial sling (includes obtaining fascia) PRIOR APPROVAL: Written ICD-9: 08.36	Refer to Criteria #19 ²
67908	... conjunctivo-tarso-Muller's muscle-levator resection (for example, Fasanella-Servat type) PRIOR APPROVAL: Written ICD-9: 08.36	Refer to Criteria #19 ²
67909	Reduction of overcorrection of ptosis PRIOR APPROVAL: Written ICD-9: 08.37	Refer to Criteria #19 ²
67911	Correction of lid retraction PRIOR APPROVAL: Written ICD-9: 08.38	Refer to Criteria #19 ²
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (i.e. gold weight) NOT A BENEFIT	
67914	Repair of ectropion, suture PRIOR APPROVAL: Written ICD-9: 08.42	Refer to Criteria #19 ²
67916	... excision tarsal wedge PRIOR APPROVAL: Written ICD-9: 08.43	Refer to Criteria #19 ²
67917	... extensive (e.g., tarsal strip operations) PRIOR APPROVAL: Written ICD-9: 08.74	Refer to Criteria #19 ²
67921	Repair of entropion; suture PRIOR APPROVAL: Written ICD-9: 08.42	Refer to Criteria #19 ²
67922	Repair of entropion; thermocauterization PRIOR APPROVAL: Written ICD-9: 08.42	Refer to Criteria #21 ²
67923	... excision tarsal wedge PRIOR APPROVAL: Written ICD-9: 08.74	Refer to Criteria #19 ²
67924	... extensive (e.g., tarsal strip or capsulopalpebral fascia repairs operation) PRIOR APPROVAL: Written ICD-9: 08.74	Refer to Criteria #19 ²
67950	Canthoplasty (reconstruction of canthus) PRIOR APPROVAL: Telephone ICD-9: 08.59 CRITERIA: Impairment of vision because of deformity, trauma or disease of the canthus	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctival, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin PRIOR APPROVAL: Written ICD-9: 08.74	Refer to Criteria #19 ²
67966	... over one fourth of lid margin PRIOR APPROVAL: Written	Refer to Criteria #19 ²
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage PRIOR APPROVAL: Written ICD-9: 08.73	Refer to Criteria #19 ²
67973	... total eyelid, lower, one stage or first stage PRIOR APPROVAL: Written ICD-9: 08.73	Refer to Criteria #19 ²

- 67974 . . . total eyelid, upper, one stage or first stage
PRIOR APPROVAL: Written ICD-9: 08.73 Refer to Criteria #19²
- 67975 . . . second stage
PRIOR APPROVAL: Written ICD-9: 08.73 Refer to Criteria #19²
- 67999 Unlisted procedure, eyelids
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 68371 Harvesting conjunctival allograft, living donor
NOT A BENEFIT
- 68399 Unlisted procedure, conjunctiva
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 68899 Unlisted procedure, lacrimal system
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 69090 Ear piercing
NOT A BENEFIT
- 69300 Otoplasty protruding ear, with or without size reduction
NOT A BENEFIT
- 69399 Unlisted procedure, external ear
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone (replacement procedure includes removal of old device)
NOT A BENEFIT
- 69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone
NOT A BENEFIT
- 69714 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
NOT A BENEFIT
- 69715 Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
NOT A BENEFIT
- 69717 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
NOT A BENEFIT
- 69718 Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
NOT A BENEFIT
- 69799 Unlisted procedure, middle ear
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 69930 Cochlear Device Implantation, with or without mastoidectomy
NOT A BENEFIT
- 69949 Unlisted procedure, inner ear
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 69979 Unlisted procedure, temporal bone, middle fossa approach
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 69990 Microsurgical technique requiring use of operating microscope
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
NOTE: Report code 69990 when micro surgical techniques are used, but not when used for magnification only.
- 70336 Magnetic resonance (for example, proton) imaging, temporomandibular joint
NOT A BENEFIT
- 70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording
NOT A BENEFIT
- 70540 Magnetic resonance (for example, proton) imaging; orbit, face and neck; without contrast material(s)
NOT A BENEFIT
- 71250 Computed tomography, thorax; without contrast material
PRIOR APPROVAL: not required ICD9: 87.41 Refer to Criteria #40A ²
- 71260 with contrast material
PRIOR APPROVAL: not required ICD9: 87.41 Refer to Criteria #40A ²
- 71270 without contrast material followed by contrast material and further sequences
PRIOR APPROVAL: not required ICD9: 87.41 Refer to Criteria #40A ²
- 71550 Magnetic resonance (for example, proton) imaging, chest (for example, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
NOT A BENEFIT
- 71551 MRI chest for evaluation of hilar and mediastinal lymphadenopathy; with contrast material
NOT A BENEFIT
- 71552 MRI chest for evaluation of hilar and mediastinal lymphadenopathy; without contrast material followed by contrast material and further sequences
NOT A BENEFIT
- 72141 MRI spinal canal and contents, cervical without contrast
PRIOR APPROVAL: Written ICD9: 87.09, 87.21, 87.22, 88.93 Refer to Criteria #40B ²
- 72142 MRI spinal canal and contents, cervical with contrast
PRIOR APPROVAL: Written ICD9: 87.09, 87.21, 87.22, 88.93 Refer to Criteria #40B ²
- 72146 MRI spinal canal and contents, thoracic without contrast
PRIOR APPROVAL: Written ICD9: 87.21, 87.23, 88.93 Refer to Criteria #40B ²
- 72147 MRI spinal canal and contents, thoracic with contrast
PRIOR APPROVAL: Written ICD9: 87.21, 87.23, 88.93 Refer to Criteria #40B ²
- 72148 MRI spinal canal and contents, lumbar without contrast
PRIOR APPROVAL: Written ICD9: 87.21, 87.24, 88.93 Refer to Criteria #40B ²
- 72149 MRI spinal canal and contents, lumbar with contrast
PRIOR APPROVAL: Written ICD9: 87.21, 87.24, 88.93 Refer to Criteria #40B ²
- 72156 MRI spinal canal and contents, cervical without, with contrast, sequences
PRIOR APPROVAL: Written ICD9: 87.09, 87.21, 87.22, 88.93 Refer to Criteria #40B ²
- 72157 MRI spinal canal and contents, thoracic without, with contrast, sequences
PRIOR APPROVAL: Written ICD9: 87.21, 87.23, 88.93 Refer to Criteria #40B ²

- 72158 MRI spinal canal and contents, lumbar without, with contrast, sequences
PRIOR APPROVAL: Written ICD9: 87.21, 87.24,, 88.93 Refer to Criteria #40B²
- 72195 MRI (e.g., proton) imaging,; pelvis without contrast material
PRIOR APPROVAL: not required CRITERIA: Attach documentation to claim.¹
- 72196 Magnetic resonance (e.g., proton) imaging, pelvis; with contrast material(s)
PRIOR APPROVAL: not required CRITERIA: Attach documentation to claim.¹
- 72197 MRI pelvis without contrast followed by contrast material and further sequences
PRIOR APPROVAL: not required CRITERIA: Attach documentation to claim.¹
- 72275 Epidurography, radiological supervision and interpretation
NOT A BENEFIT
- 73206 CT angiography upper extremity without contrast material followed by contrast material and further sections, with
image post processing
NOT A BENEFIT
- 73218 MRI upper extremity, other than joint, without contrast material
NOT A BENEFIT
- 73219 MRI upper extremity, other than joint, with contrast material
NOT A BENEFIT
- 73220 Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by
contrast material(s) and further sequences
NOT A BENEFIT
- 73221 Magnetic resonance (for example, proton) imaging, any joint of upper extremity; without contrast material(s)
NOT A BENEFIT
- 73222 MRI any joint of upper extremity, with contrast material
NOT A BENEFIT
- 73223 MRI any joint of upper extremity, without contrast material followed by contrast material and further sequences
NOT A BENEFIT
- 73542 Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation
NOT A BENEFIT
- 73706 CT angiography lower extremity without contrast material followed by contrast material and further sections, with
image post processing
NOT A BENEFIT
- 73718 MRI lower extremity, other than joint, without contrast material
NOT A BENEFIT
- 73719 MRI lower extremity, other than joint, with contrast material
NOT A BENEFIT
- 73720 MRI lower extremity, other than joint, with contrast material followed by contrast material and further sequences
NOT A BENEFIT
- 73721 Magnetic resonance (for example, proton) imaging, any joint of lower extremity; without contrast material
Prior Authorization for Age 20 and older: Written ICD-9: 88.9 Refer to Criteria #40B²
- 73722 MRI any joint of lower extremity, with contrast material
Prior Authorization for Age 20 and older: Written ICD-9: 88.94 Refer to Criteria #40B²

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 73723 MRI any joint of lower extremity, without contrast material followed by contrast material and further sequences
Prior Authorization for Age 20 and older: Written ICD-9: 88.94 Refer to Criteria #40B²
- 74182 MRI abdomen with contrast material
NOT A BENEFIT
- 74183 MRI abdomen, without contrast material followed by contrast material and further sequences
NOT A BENEFIT
- 74740 Hysterosalpingography, radiological supervision and interpretation
NOT A BENEFIT
- 74742 Transcervical catheterization of fallopian tube, radiological supervision and interpretation
NOT A BENEFIT
- 75552 Cardiac magnetic resonance imaging for morphology; without contrast material
LIMITED to patients ≤ age 20
- 75553 . . . with contrast material
LIMITED to patients ≤ age 20
- 75554 Cardiac magnetic resonance imaging for function; with or without morphology; complete study
LIMITED to patients ≤ age 20
- 75555 . . . limited study
LIMITED to patients ≤ age 20
- 75556 Cardiac magnetic resonance imaging for velocity flow mapping
NOT A BENEFIT
- 75809 Shuntogram for investigation of previously placed indwelling nonvascular shunt (i.e. LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation
NOT A BENEFIT
- 75900 Exchange of previously placed arterial catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation
NOT A BENEFIT
- 75901 Mechanical removal of pericatheter obstructive material (i.e. fibrin sheath) from central venous device via separate venous access, radiological supervision and interpretation
NOT A BENEFIT
- 75902 Mechanical removal of intraluminal obstructive material from central venous device through device lumen, radiological supervision and interpretation
NOT A BENEFIT
- 75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation, initial vessel
NOT A BENEFIT
- 75946 . . . each additional non-coronary vessel
NOT A BENEFIT
- 75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, radiological supervision and interpretation
NOT A BENEFIT
- 75956** Endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
NOT A BENEFIT

- 75957** Endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation
NOT A BENEFIT
- 75958** Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g. aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
NOT A BENEFIT
- 75959** Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
NOT A BENEFIT
- 75960** Transcatheter introduction of intravascular stent(s), (except coronary, carotid, and vertebral vessel), percutaneous and/ or open, radiological supervision and interpretation, each vessel
NOT A BENEFIT
- 75992** Transluminal atherectomy, peripheral artery, radiological supervision and interpretation
NOT A BENEFIT
- 75993** Transluminal atherectomy, each additional peripheral artery, radiological supervision and interpretation
NOT A BENEFIT
- 75994** Transluminal atherectomy, renal, radiological supervision and interpretation
NOT A BENEFIT
- 75995** Transluminal atherectomy, visceral, radiological supervision and interpretation
NOT A BENEFIT
- 75996** Transluminal atherectomy, each additional visceral artery, radiological supervision and interpretation
NOT A BENEFIT
- 76012** Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; under fluoroscopic guidance
NOT A BENEFIT
- 76013** Radiological supervision and interpretation, percutaneous vertebroplasty, per vertebral body; under CT guidance
NOT A BENEFIT
- 76071** CT, appendicular skeleton (peripheral) i.e. radius, wrist, heel
NOT A BENEFIT
- 76082** Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (list separately in addition to code for primary procedure)
NOTE: Either standard mammography or digital mammography may be completed, payment will only be made for the base code 76090, 76091, or 76092)
- 76083** Computer aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)
NOTE: Either standard mammography or digital mammography may be completed, payment will only be made for the base code 76090, 76091, or 76092)
- 76093** Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
NOT A BENEFIT
- 76094** Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
NOT A BENEFIT

- 76362 Computerized axial tomographic guidance for, and monitoring of, tissue ablation
NOT A BENEFIT
- 76376** 3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
NOT A BENEFIT
- 76377** 3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation
NOT A BENEFIT
- 76390 Magnetic Resonance Spectroscopy
NOT A BENEFIT
- 76394 Magnetic resonance guidance for, and monitoring of, tissue ablation
NOT A BENEFIT
- 76400 Magnetic resonance (for example, proton) imaging, bone marrow blood supply
NOT A BENEFIT
- 76497 Unlisted CT procedure (i.e. diagnostic or interventional)
NOT A BENEFIT
- 76498 Unlisted magnetic resonance procedure (i.e. diagnostic or interventional)
NOT A BENEFIT

- 76499 Unlisted diagnosis radiographic procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 76510 Ophthalmic ultrasound, diagnostic B-scan and Quantitative A scan performed at the same patient encounter
Subject to correct coding initiative edits which are in the development process and will be added to criterion #35B
- 76514 Ophthalmic ultrasound, echography, diagnostic, corneal pachymetry unilateral or bilateral (determination of corneal thickness)
NOT A BENEFIT
- 76801 Ultrasound of pregnant uterus, real time with image documentation fetal and maternal evaluation, first trimester (<14 weeks), transabdominal approach; single or first gestation
PRIOR APPROVAL: Telephone approval required after first service Refer to Criteria #39²
- 76802 each additional gestation
PRIOR APPROVAL: Telephone approval required after first service Refer to Criteria #39²
- 76805 Ultrasound pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (>14 weeks), transabdominal approach, single or first gestation
PRIOR APPROVAL: Telephone approval required after first service Refer to Criteria #39²
- 76810 each additional gestation
PRIOR APPROVAL: Telephone approval required after first service Refer to Criteria #39²
- 76811 Ultrasound, pregnant uterus, real time with image documentation fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach, single or first gestation
PRIOR APPROVAL: Telephone Refer to Criteria #39²
- 76812 each additional gestation
PRIOR APPROVAL: Telephone Refer to Criteria #39²
- 76815 Ultrasound, pregnant uterus, real time with image documentation, limited (i.e. fetal heart beat, placental location, fetal position, and/or qualitative amniotic fluid volume (one or more fetuses)
PRIOR APPROVAL: Telephone Refer to Criteria #39²
- 76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (reevaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ systems, suspected or confirmed to be abnormal on a previous scan, transabdominal approach, per fetus
PRIOR APPROVAL: Telephone Refer to Criteria #39²
- 76817 Ultrasound, pregnant uterus, real time with image documentation, transvaginal
PRIOR APPROVAL: Telephone Refer to Criteria #39²
- 76818 Fetal biophysical profile; with non-stress testing
PRIOR APPROVAL: not required Criteria: Attach documentation to claim. ¹
- 76819 Fetal biophysical profile, without non-stress testing
PRIOR APPROVAL: not required Criteria: Attach documentation to claim. ¹
- 76827 Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
NOT A BENEFIT
- 76828 ... follow-up or repeat study
NOT A BENEFIT
- 76831 Saline infusion sonohysterography (sis), including color flow doppler, when performed
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 76873 . . . prostate volume study for brachytherapy treatment
NOT A BENEFIT
- 76930 Ultrasound guidance for pericardiocentesis, imaging supervision and interpretation
NOT A BENEFIT
- 76932 Ultrasound guidance for endomyocardial biopsy, imaging supervision and interpretation
NOT A BENEFIT
- 76940 Ultrasound guidance for and monitoring of , visceral tissue ablation
NOT A BENEFIT
- 76948 Ultrasonic guidance for aspiration of ova; radiological supervision and interpretation only
NOT A BENEFIT
- 76999 Unlisted ultrasound procedure (i.e. diagnostic, interventional)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 77299 Unlisted procedure, therapeutic radiology clinical treatment planning
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 77301 Intensity modulated radiotherapy plan, including dose volume histograms for target and critical structure partial
tolerance specifications
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated
beams, binary, dynamic mlc, per treatment session
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 77422** High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports
with no blocks or simple blocking
NOT A BENEFIT
- 77423** High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with
blocking and/or wedge, and/or compensator(s)
NOT A BENEFIT
- 77499 Unlisted procedure, therapeutic radiology treatment management
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 77799 Unlisted procedure, clinical brachytherapy
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78099 Unlisted endocrine procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78199 Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78206 . . . with vascular flow
NOT A BENEFIT
- 78267 Urea breath test, C-14 (isotopic); acquisition for analysis
NOT A BENEFIT
- 78268 . . . analysis
NOT A BENEFIT
- 78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

- 78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78599 Unlisted respiratory procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78699 Unlisted nervous system procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78799 Unlisted genitourinary procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 78804 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent (whole body), requiring two or more days imaging.
NOT A BENEFIT
- 78813 PET, whole body
NOT A BENEFIT
- 78814 Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (i.e. chest, head/neck)
NOT A BENEFIT
- 78815 . . . skull base to mid thigh
NOT A BENEFIT
- 78816 PET with concurrent CT, whole body
NOT A BENEFIT
- 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- * 79403 Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion
NOT A BENEFIT
- 79445 Radiopharmaceutical therapy, by intra-arterial particulate administration
NOT A BENEFIT
- 79999 Unlisted radiopharmaceutical therapeutic procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 80102 Drug confirmation, each procedure
NOT A BENEFIT
- 80103 Tissue preparation for drug analysis
NOT A BENEFIT
- 80299 Quantitation of drug, not elsewhere specified
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 81099 Unlisted urinalysis procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 82120 Amines, vaginal fluid, qualitative
NOT A BENEFIT
- 82272** Blood, occult, by peroxidase activity (e.g. guaiac), qualitative, feces, single specimen (e.g. from digital rectal exam)
NOT A BENEFIT
- 82274 Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous
determinations
NOT A BENEFIT
- 82656 Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
NOT A BENEFIT
- 82962 Glucose, blood by glucose monitoring device(s) . . . specifically for home use
NOT A BENEFIT
- 83009 Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (i.e. c-13)
NOT A BENEFIT
- 83013 Helicobacter pylori; breath test analysis for urease activity, non-radioactive
Isotope (e.g., C-13)
NOT A BENEFIT
- 83014 Helicobacter pylori; drug administration
NOT A BENEFIT
- 83037** Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
NOT A BENEFIT
- 83630 Lactoferrin, fecal, qualitative
NOT A BENEFIT
- 83700** Lipoprotein, blood; electrophoretic separation and quantitation
NOT A BENEFIT
- 83701** Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses
when performed (e.g. electrophoresis, ultracentrifugation)
NOT A BENEFIT
- 83704** Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (e.g. by nuclear
magnetic resonance spectroscopy)
NOT A BENEFIT
- 83880 Natriuretic peptide
NOT A BENEFIT
- 83907** Molecular diagnostics; lysis of cells prior to nucleic acid extraction (e.g. stool specimens, paraffin embedded tissue)
NOT A BENEFIT
- 83950 Oncoprotein, HER-2/neu
NOT A BENEFIT
- 84166 Protein; electrophoretic fractionation and quantitation, other fluids with concentration (i.e. urine, CSF)
NOT A BENEFIT
- 84591 Vitamin, not otherwise specified
PRIOR APPROVAL: not Required CRITERIA: Attach documentation to claim. ¹
- 84999 Unlisted chemistry profile
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

- 85380 Fibrin degradation products, D-Dimer; ultrasensitive (i.e. for evaluation for venous thromboembolism) qualitative or semiquantitative
NOT A BENEFIT
- 85396 Coagulation/fibrinolysis assay, whole blood (i.e. viscoelastic clot assessment) including use of any pharmacologic additive(s) as indicated, including interpretation and report per day
NOT A BENEFIT
- 85999 Unlisted hematology and coagulation procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 86001 Allergen specific IGG quantitative or semiquantitative, each allergen
PRIOR APPROVAL: not required Criteria: Attach documentation to claim. ¹
- 86141 C-reactive protein; high sensitivity (hsCRP)
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 86301 Immunoassay for tumor antigen, quantitative; CA 125
NOT A BENEFIT
- 86316 Immunoassay for tumor antigen; other antigen, quantitative (e.g., ca 50, 72-4, 549) each
NOT A BENEFIT
- 86335 Immunofixation electrophoresis; other fluids with concentration (i.e urine, CSF)
NOT A BENEFIT
- 86336 Inhibin A
NOT A BENEFIT
- *
- *
- 86849 Unlisted immunology procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 86910 . . . typing for paternity testing, ABO, RH, and MN, per individual typing for paternity testing, each additional antigen system
NOT A BENEFIT
- 86911 . . . each additional antigen system
NOT A BENEFIT
- 86999 Unlisted transfusion medicine procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 87086 Culture, bacterial; quantitative colony count, urine
PRIOR APPROVAL: Not Required Refer to Criteria #36 ²
- 87088 Culture, bacterial; with isolation and presumptive identification of isolates, urine
PRIOR APPROVAL: Not Required Refer to Criteria #36 ²
- 87198 Cytomegalovirus, direct fluorescent antibody (DFA)
NOT A BENEFIT
- 87199 Enterovirus, direct fluorescent antibody (DFA)
NOT A BENEFIT
- 87255 Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (i.e. virus specific enzymatic activity)
NOT A BENEFIT
- 87267 Infectious agent antigen detection by immunofluorescent technique; enterovirus, direct fluorescent antibody (DFA)
NOT A BENEFIT
- 87271 Infectious agent antigen detection by immunofluorescent technique; cytomegalovirus, direct fluorescent antibody (DFA)
NOT A BENEFIT
- 87300 Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
PRIOR APPROVAL: not required Criteria: Attach documentation to claim. ¹
- 87339 Infectious agent antigen helicobacter pylori
NOT A BENEFIT
- 87451 Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
PRIOR APPROVAL: not required Criteria: Attach documentation to claim. ¹

- 87797 Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique, each organism
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 87798 Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, amplified probe technique, each organism
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 87799 Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, quantification, each organism
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 87800 Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 87802 Infectious agent antigen for Group B streptococcus by immunoassay
CRITERIA: covered for children less than two years of age
- 87803 Infectious Agent antigen detection by immunoassay, with direct optical observation; Clostridium difficile toxin A
NOT A BENEFIT
- 87804 Infectious Agent antigen detection by immunoassay with direct optical observation; influenza
NOT A BENEFIT
- *
- 87899 Infectious agent detection by immunoassay with direct optical observation; not otherwise specified
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 87902 Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
NOT A BENEFIT
- 87999 Unlisted microbiology procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 88125 Cytopathology, forensic
NOT A BENEFIT
- *
- 88199 Unlisted cytopathology procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 88271** Molecular cytogenetics; DNA probe, each
PRIOR APPROVAL: Required by manual review prior to procedure when greater than 6 standard tests are requested
- 88299 Unlisted cytogenetic study
PRIOR APPROVAL: Telephone
NOTE: Submitted documentation must meet the requirements for genetic testing in the provider manual
- 88321 Consultation and report on referred slides prepared elsewhere
NOT A BENEFIT
- 88323 Consultation and report on referred material requiring preparation of slides
NOT A BENEFIT
- 88325 Consultation, comprehensive, with review of records and specimens, with report on referred material
NOT A BENEFIT
- 88360 Morphometric analysis, tumor immunohistochemistry (i.e. Her-2/neu, estrogen receptor/progesterone receptor) quantitative or semi Quantitative, each antibody, manual
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 88361 Morphometric analysis; tumor immunohistochemistry (i.e. her-2neu, estrogen receptor/progesterone resceptor) qualitative or semiquanitative
NOT A BENEFIT
- 88367 Morphometric analysis, in situ hybridization, (Quantitative or semi-quantitative)each probe; using computer assisted technology
NOT A BENEFIT
- 88368 . . . manual
NOT A BENEFIT
- 88380 Microdissection (e.g., mechanical, laser capture)
NOT A BENEFIT
- 88384** Array-based evaluation of multiple molecular probes; 11 through 50 probes
PRIOR APPROVAL: Telephone
NOTE: Submitted documentation must meet the requirements for genetic testing in the provider manual
- 88385** Array-based evaluation of multiple molecular probes; 51 through 250 probes
PRIOR APPROVAL: Telephone
NOTE: Submitted documentation must meet the requirements for genetic testing in the provider manual
- 88386** Array-based evaluation of multiple molecular probes; 251 through 500 probes
PRIOR APPROVAL: Telephone
NOTE: Submitted documentation must meet the requirements for genetic testing in the provider manual
- 88399 Unlisted surgical pathology procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 89055 Leukocyte assessment, fecal, qualitative or semiquantitative
NOT A BENEFIT
- 89220 sputum, obtaining specimen, aerosol induced technique (separate procedure)
NOT A BENEFIT
- 89240 Unlisted miscellaneous pathology test
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 89250 Culture and fertilization of oocyte(s)
NOT A BENEFIT
- 89251 Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
NOT A BENEFIT
- 89253 Assisted embryo hatching, microtechnique (any method)
NOT A BENEFIT
- 89254 Oocyte identification from follicular fluid
NOT A BENEFIT
- 89255 Preparation of embryo for transfer (any method)
NOT A BENEFIT
- 89257 Sperm identification from aspiration (Other than seminal fluid)
NOT A BENEFIT
- 89258 Cryopreservation; embryo(s)
NOT A BENEFIT
- 89259 Cryopreservation; sperm
NOT A BENEFIT

- 89260 Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
NOT A BENEFIT
- 89261 Sperm Isolation; complex prep (e.g., per col gradient, albumin gradient) for insemination or diagnosis and semen analysis
NOT A BENEFIT
- 89264 Sperm identification from testis tissue, fresh or cryopreserved
NOT A BENEFIT

- 89268 Insemination of oocytes
NOT A BENEFIT
- 89272 Extended culture of oocyte(s)/embryo(s), 4-7 days
NOT A BENEFIT
- 89280 Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
NOT A BENEFIT
- 89281 Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
NOT A BENEFIT
- 89290 Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
NOT A BENEFIT
- 89291 Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
NOT A BENEFIT
- 89300 Semen analysis; presence and/or motility for sperm including Huhner test (post coital)
NOT A BENEFIT
- 89310 . . . motility and count (not including Huhner test)
NOT A BENEFIT
- 89320 . . . complete (volume, count, motility, and differential)
NOT A BENEFIT
- 89321 Semen analysis, presence and/or motility of sperm
NOT A BENEFIT
- 89325 Sperm antibodies
NOT A BENEFIT
- 89329 Sperm evaluation; hamster penetration test
NOT A BENEFIT
- 89330 . . . cervical mucus penetration test, with or w/o spinnbarkeit test
NOT A BENEFIT
- 89335 cryopreservation, reproductive tissue, testicular
NOT A BENEFIT
- 89342 storage, (per year); embryo(s)
NOT A BENEFIT
- 89343 storage, (per year);sperm/semen
NOT A BENEFIT
- 89344 storage, (per year); reproductive tissue; testicular/ovarian
NOT A BENEFIT
- 89346 storage, (per year); oocyte(s)
NOT A BENEFIT
- 89352 thawing of cryopreserved; embryo(s)
NOT A BENEFIT

- 89353 thawing of cryopreserved; sperm/semen, each aliquot
NOT A BENEFIT
- 89354 thawing of cryopreserved; reproductive tissue, testicular/ovarian
NOT A BENEFIT
- 89356 thawing of cryopreserved; oocytes, each aliquot
NOT A BENEFIT
- 90281 through 90396 (immune globulin products)
NOT A BENEFIT
(Note: Continue to use existing "J" codes for these products in conjunction with administration codes 90780 - 90784)
- 90399 Unlisted immune globulin
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 90465 Immunization administration under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid) per day.
NOT A BENEFIT
- 90466 . . . each additional injection
NOT A BENEFIT
- 90467 Immunization administration under age 8 (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid) per day
NOT A BENEFIT
- 90468 . . . each additional administration (single or combination vaccine/toxoid) per day
NOT A BENEFIT
- 90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid)
NOT A BENEFIT
- 90476 Adenovirus vaccine, type 4, live for oral use
NOT A BENEFIT
- 90477 Adenovirus vaccine, type 7, live for oral use
NOT A BENEFIT
- 90581 Antrax vaccine, for subcutaneous use
NOT A BENEFIT
- 90633 Hepatitis A vaccine Pediatric/Adolescent, 2 dose schedule IM limited to age 18 years old
- 90634 Hepatitis A vaccine Pediatric/Adolescent, 3 dose schedule IM limited to age 19 through 20 years old
- 90649** Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for IM use
NOT A BENEFIT
- 90656 Influenza virus vaccine, split virus, preservative free, for use in individual 3 years and above, for IM use
NOT A BENEFIT
- 90657 Influenza vaccine, vaccine split virus; age 6 to 35 months, IM
NOT A BENEFIT
- 90660 Influenza vaccine, live, for intranasal use
NOT A BENEFIT
- 90669 Pneumococcal conjugate vaccine, polyvalent for children under five year, for intramuscular use
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

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- 90692 Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use
NOT A BENEFIT
- 90693 Typhoid vaccine, acetone-killed, dried (akd), for subcutaneous use (U.S. military)
NOT A BENEFIT
- 90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (dtaP), for use in individuals younger than 7 years, for intramuscular use
- 90736** Zoster (shingles) vaccine, live, for subcutaneous injection
NOT A BENEFIT
- 90749 Unlisted vaccine/toxoid
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 90779** Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
NOT A BENEFIT
- *
- 90801 Psychiatric diagnostic interview examination including history, mental status, or disposition
NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90802 Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
NOT A BENEFIT
- 90804 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;(Utah Medicaid requires this code to be used after the first 12 non-prior approved services, procedure code Y9988 outpatient psychiatric services, has been used)
PRIOR APPROVAL: Written. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90805with medical evaluation and management services
PRIOR APPROVAL: Written for patient age 19 and older. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;(Utah Medicaid requires this code to be used after the first 12 non-prior approved services, procedure code Y9988 outpatient psychiatric services, has been used)
PRIOR APPROVAL: Written. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90807 With medical evaluation and management services
PRIOR APPROVAL: Written for patients age 19 and older. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90808 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; (Utah Medicaid requires this code to be used after the first 12 non-prior approved services, procedure code y9988 outpatient psychiatric services, has been used)
PRIOR APPROVAL: Written. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90809with medical evaluation and management services
PRIOR APPROVAL: Written. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90810 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient;
NOT A BENEFIT
- 90811 with medical evaluation and management services
NOT A BENEFIT

- 90812 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 45 - 50 minutes face-to-face with the patient;
NOT A BENEFIT
- 90813 with medical evaluation and management services
NOT A BENEFIT
- 90814 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
NOT A BENEFIT
- 90815 with medical evaluation and management services
NOT A BENEFIT
- 90816, 90817, 90818, 90819 - Inpatient hospital psychiatric service
NOT A BENEFIT
- 90821, 90822, 90823, 90824 - Inpatient hospital psychiatric service
NOT A BENEFIT
- 90826, 90827, 90828, 90829 - Inpatient hospital psychiatric service
NOT A BENEFIT
- 90820 Interactive medical psychiatric diagnostic interview examination
NOT A BENEFIT
- 90825 Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests and other accumulated data for medical diagnostic purposes
NOT A BENEFIT
- 90841 Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; time unspecified
PRIOR APPROVAL: Written NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90845 Medical psychoanalysis
NOT A BENEFIT
- 90846 Family medical psychotherapy (without the patient present)
NOT A BENEFIT
- 90847 Family Medical psychotherapy (conjoint psychotherapy) by a physician, with continuing medical diagnostic evaluation and drug management when indicated (outpatient psychiatric services)
PRIOR APPROVAL: Written NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90849 Multiple-family group medical psychotherapy by a physician, with continuing medical diagnostic evaluation and drug management when indicated (outpatient psychiatric services)
PRIOR APPROVAL: Written NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90855 Interactive individual medical psychotherapy
NOT A BENEFIT
- 90857 Interactive group medical psychotherapy
NOT A BENEFIT
- 90862 Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy [to be used after the first 12 non-prior authorized services, Y9905, have been used]
PRIOR APPROVAL: Written NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.

- 90865 Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital (amytal) interview)
PRIOR APPROVAL: Written. NOTE: Refer to "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90870 Electroconvulsive therapy (includes necessary monitoring); single seizure (outpatient psychiatric services)
PRIOR APPROVAL: Written NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- *
- 90875 Psychophysiological therapy incorporating biofeedback training. (20 - 30 minutes)
NOT A BENEFIT
- 90876 . . . Approximately 45-50 Minutes
NOT A BENEFIT
- 90880 Medical hypnotherapy (outpatient psychiatric services)
PRIOR APPROVAL: Written NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions
NOT A BENEFIT
- 90885 Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.
NOT A BENEFIT
- 90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures or other accumulated data to family or other responsible persons or advising them how to assist patient
NOT A BENEFIT
- 90889 Preparation of report of patient's psychiatric status, history, treatment or progress (other than for legal or consultative purposes) for physicians, agencies, or insurance carriers
NOT A BENEFIT
- 90899 Unlisted psychiatric service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
NOTE: See "Codes Covered by Prepaid Mental Health Plans", page 2 of this list.
- 90900 Biofeedback training; by electromyogram application (for example, in tension headache, muscle spasm)
NOT A BENEFIT
- 90901 Biofeedback training by any modality
NOT A BENEFIT
- 90902 Biofeedback training; in conduction disorder (for example, arrhythmia)
NOT A BENEFIT
- 90904 Biofeedback training; regulation of blood pressure (for example, in essential hypertension)
NOT A BENEFIT
- 90906 Biofeedback training; regulation of skin temperature or peripheral blood flow
NOT A BENEFIT
- 90908 Biofeedback training; by electroencephalogram application (for example, in anxiety, insomnia)
NOT A BENEFIT
- 90910 Biofeedback training; by electro-oculogram application (for example, in blepharospasm)
NOT A BENEFIT

- 90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG & Manometry
NOT A BENEFIT
- 90915 Biofeedback training; other
NOT A BENEFIT
- *
- 90940 Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method, hook-up, measurement and disconnection.
NOT A BENEFIT
- 90989 Dialysis training, patient, including helper where applicable, any mode, completed course
NOT A BENEFIT
- 90993 Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
NOT A BENEFIT
- 90999 Unlisted dialysis procedure, inpatient or outpatient
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- *
- 91022** Duodenal motility (manometric) study
NOT A BENEFIT
- 91037 Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis, and interpretation
NOT A BENEFIT
- 91038 . . . prolonged (greater than 1 hour, up to 24 hours)
NOT A BENEFIT
- 91040 Esophageal balloon distension provocation study
NOT A BENEFIT
- 91110 Gastrointestinal tract imaging, intraluminal (i.e. capsule endoscopy), esophagus through ileum, with physician interpretation and report
NOT A BENEFIT
- 91120 Rectal sensation, tone, and compliance test (i.e. response to graded balloon distention)
NOT A BENEFIT
- 91123 Pulsed irrigation of fecal impaction
NOT A BENEFIT
- 91132 Electrogastrography, diagnostic transcutaneous
NOT A BENEFIT
- 91133 Electrogastrography diagnostic, transcutaneous with provocative testing
NOT A BENEFIT
- 91299 Unlisted diagnostic gastroenterology procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 92015 Determination of refractive state
NOT A BENEFIT
- 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
NOT A BENEFIT
- 92070 Fitting of contact lens for treatment of disease, including supply of lens
PRIOR APPROVAL: Written Refer to Criteria #20²
- 92326 Replacement of contact lens
PRIOR APPROVAL: Written Refer to Criteria #20²
- 92358 Prosthesis service for aphakia, temporary
NOT A BENEFIT
- 92370 Repair and refitting spectacles; except for aphakia
NOT A BENEFIT
- 92371 . . . spectacle prosthesis for aphakia
NOT A BENEFIT
- 92392 Supply of low vision aids
PRIOR APPROVAL: Written Refer to Criteria #20²
- 92395 Supply of permanent prosthesis for aphakia; spectacles
PRIOR APPROVAL: Written Refer to Criteria #20²
- 92499 Unlisted ophthalmological service or procedure
PRIOR APPROVAL required for contact lens: Written Refer to Criteria #20²
For corneal topography (corneal topographic mapping), refer to Criteria #35².
- *
- 92520 Laryngeal function studies
PRIOR APPROVAL: Not Required Refer to Criteria #41²
- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
NOT A BENEFIT
- 92551 Screening test, pure tone, air only
LIMITED to patients age 20 and younger and pregnant women
- 92552 Pure tone audiometry (threshold) air only
LIMITED to patients age 20 and younger and pregnant women
- 92553 Pure tone audiometry (threshold) air & bone
LIMITED to patients age 20 and younger and pregnant women
- 92555 Speech audiometry, threshold only
LIMITED to patients age 20 and younger and pregnant women
- 92556 Speech audiometry threshold; w speech recognition
LIMITED to patients age 20 and younger and pregnant women
- 92557 Comprehend audiometry threshold eval, speech recognition
LIMITED to patients age 20 and younger and pregnant women
- 92559 Audiometric testing of groups
LIMITED to patients age 20 and younger and pregnant women

- 92560 Bekesy audiometry, screening
LIMITED to patients age 20 and younger and pregnant women
- 92561 Bekesy audiometry, diagnostic
LIMITED to patients age 20 and younger and pregnant women
- 92562 Loudness balance test, alternate binaural/monaural
LIMITED to patients age 20 and younger and pregnant women
- 92563 Tone decay test
LIMITED to patients age 20 and younger and pregnant women
- 92564 Short increment sensitivity index
LIMITED to patients age 20 and younger and pregnant women
- 92565 Stenger test, pure tone
LIMITED to patients age 20 and younger and pregnant women
- 92567 Tympanometry (impedance testing)
LIMITED to patients age 20 and younger and pregnant women
- 92568 Acoustic reflex testing
LIMITED to patients age 20 and younger and pregnant women
- 92569 Acoustic reflex decay test
LIMITED to patients age 20 and younger and pregnant women
- 92571 Filtered speech test
LIMITED to patients age 20 and younger and pregnant women
- 92572 Staggered spondaic word test
LIMITED to patients age 20 and younger and pregnant women
- 92573 Lombard test
LIMITED to patients age 20 and younger and pregnant women
- 92575 Sensorineural acuity level test
LIMITED to patients age 20 and younger and pregnant women
- 92576 Synthetic sentence ident test
LIMITED to patients age 20 and younger and pregnant women
- 92577 Stenger test, speech
LIMITED to patients age 20 and younger and pregnant women
- 92579 Visual reinforcement audiometry (VRA)
NOT A BENEFIT
- 92582 Conditioning play audiometry
LIMITED to patients age 20 and younger and pregnant women
- 92583 Select picture audiometry
LIMITED to patients age 20 and younger and pregnant women
- 92584 Electrocochleography
LIMITED to patients age 20 and younger and pregnant women
- 92585 Auditory evoked response, test central nervous system
LIMITED to patients age 20 and younger and pregnant women

- 92586 . . . limited
NOT A BENEFIT
- 92587 Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
NOT A BENEFIT
- 92588 . . . comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
NOT A BENEFIT
- *
- 92590 Hearing aid exam+selection, monaural
LIMITED to patients age 20 and younger and pregnant women
- 92591 Hearing aid exam+selection, binaural
LIMITED to patients age 20 and younger and pregnant women
- 92592 Hearing aid check, monaural
LIMITED to patients age 20 and younger and pregnant women
- 92593 Hearing aid check, binaural
LIMITED to patients age 20 and younger and pregnant women
- 92594 Electroacoustic evaluation for hearing aid, monaural
LIMITED to patients age 20 and younger and pregnant women
- 92595 Electroacoustic evaluation for hearing aid, binaural
LIMITED to patients age 20 and younger and pregnant women
- 92596 Ear protector attenuation measurements
LIMITED to patients age 20 and younger and pregnant women
- 92579 Visual reinforcement audiometry
NOT A BENEFIT
- 92601 Diagnostic analysis of cochlear implant, patient under 7 years of age with programming
NOT A BENEFIT
- 92602 Diagnostic analysis of cochlear implant, patient under 7 years of age with subsequent programming
NOT A BENEFIT
- 92603 Diagnostic analysis of cochlear implant, 7 years of age or older, with programming
NOT A BENEFIT
- 92604 Diagnostic analysis of cochlear implant, 7 years of age or older, with subsequent programming
NOT A BENEFIT
- 92605 Evaluation for prescription of non-speech generating device, augmentative and alternative communication device
NOT A BENEFIT
- 92606 Therapeutic services for the use of non-speech generating device, including programming and modification
NOT A BENEFIT
- 92607 Evaluation for prescription for speech generating augmentative and alternative communication device
LIMITED to patients age 20 and younger and pregnant women
- 92608 Evaluation for prescription for speech ...; each additional 30 minutes
LIMITED to patients age 20 and younger and pregnant women

- 92609 Therapeutic services for the use of speech-generating device, including programming and modification
LIMITED to patients age 20 and younger and pregnant women
PRIOR APPROVAL: Written Criteria: InterQual
- 92610 Evaluation of oral and pharyngeal swallowing function
PRIOR APPROVAL: Not Required Refer to Criteria #41 ²
- 92612 Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording
PRIOR APPROVAL: Not Required Refer to Criteria #41 ²
- 92613 physician interpretation and report only
PRIOR APPROVAL: Not Required Refer to Criteria #41 ²
- 92614 Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
NOT A BENEFIT
- 92615 physician interpretation and report only
NOT A BENEFIT
- 92616 Flexible fiberoptic endoscopic evaluation of swallowing & laryngeal sensory testing by cine or video recording
NOT A BENEFIT
- 92617 physician interpretation and report only
NOT A BENEFIT
- 92621 Evaluation of central auditory function, with report, each additional 15 minutes
Limited to 2 units or 30 minutes
- 92626** Evaluation of auditory rehabilitation status; first hour
NOT A BENEFIT
- 92627** Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary
procedure)
NOT A BENEFIT
- 92630** Auditory rehabilitation; pre-lingual hearing loss
NOT A BENEFIT
- 92633** Auditory rehabilitation; post-lingual hearing loss
NOT A BENEFIT
- 92700 Unlisted otorhinolaryngological service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 92970 Cardioassist method of circulatory assist; internal
NOT A BENEFIT
- 92971 external
NOT A BENEFIT
- 92973 Percutaneous transluminal coronary thrombectomy
NOT A BENEFIT
- 92974 Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy
NOT A BENEFIT
- 93025 Microvolt T-wave alternans for assessment of ventricular arrhythmias
NOT A BENEFIT
- 93278 Signal-averaged electrocardiography (SAECG) with or without ECG
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

93314 . . . image acquisition, interpretation and report only
NOT A BENEFIT

93571 Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement(coronary vessel or graft)
during coronary angiography including pharmacologically induced stress; initial vessel
NOT A BENEFIT

93572 . . . each additional vessel
NOT A BENEFIT

- 93580 Percutaneous transcatheter closure of congenital interatrial communication (i.e. fontan fenestration, atrial septal defect) with implant
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.
- 93581 Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
NOT A BENEFIT
- 93613 Intracardiac electrophysiologic 3-dementional mapping (List separately in addition to primary procedure
NOT A BENEFIT
- 93650 Intracardiac catheter ablation of atrioventricular node function
PRIOR APPROVAL: Not Required ICD9: 37.34 . . Refer to Criteria #38: Attach documentation to claim. ¹
- 93651 Intracardiac catheter ablation of arrhythmogenic focus
PRIOR APPROVAL: Not Required ICD9: 37.34 . . Refer to Criteria #38: Attach documentation to claim. ¹
- 93652 Intracardiac catheter ablation of arrhythmogenic focus for ventricular tachycardia
PRIOR APPROVAL: Not Required ICD9: 37.34 . . Refer to Criteria #38: Attach documentation to claim. ¹
- 93660 Autonomic nervous system evaluation of cardiovascular function with tilt table evaluation, with or without pharmacological intervention
PRIOR APPROVAL: Not Required
CRITERIA: Approved for ages birth through age 20 through the CHEC program when medically necessary.
- 93668 Peripheral arterial disease (PAD) rehabilitation, per session
NOT A BENEFIT
- 93701 Bioimpedance, thoracic, electrical
NOT A BENEFIT
- 93733 Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)
NOT A BENEFIT
- 93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker) , telephonic analysis
NOT A BENEFIT
- 93784 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report
NOT A BENEFIT
- 93797 Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring
NOT A BENEFIT
- 93798 . . . with continuous ECG monitoring
NOT A BENEFIT
- 93799 Unlisted cardiovascular service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 93892 Transcranial Doppler study of intracranial arteries; emboli detection without intravenous microbubble injection
NOT A BENEFIT
- 93893 . . . emboli detection with intravenous microbubble injection
NOT A BENEFIT
- 93980 Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 93981 . . . followup or limited study
NOT A BENEFIT
- 94016 . . . physician review and interpretation only
NOT A BENEFIT
- 94452 High altitude simulation test (HAST) , with physician interpretation and report
NOT A BENEFIT
- 94453 . . . with supplemental oxygen titration
NOT A BENEFIT
- 94664 Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered
NOT A BENEFIT
- 94799 Unlisted pulmonary service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single
or multiple antigens (specify the number of doses)
Limited to reimbursement of 20 doses in nine months
- 95199 Unlisted allergy/clinical immunologic service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 95250 Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissues
fluid via a subcutaneous sensor (includes hook-up, calibration, patient initiation and training, recording
disconnection, down loading with printout of data
NOT A BENEFIT
- 95251** Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for up to 72 hours;
physician interpretation and report
NOT A BENEFIT
- 95805 Multiple step latency or maintenance of wakefulness testing, recording analysis and interpretation of physiological
measurements of sleep during multiple trials to assess sleepiness
NOT A BENEFIT
- 95806 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation,
unattended by a technologist
NOT A BENEFIT
- 95807 Sleep study, 3 or more parameters of sleep other than sleep staging, attended by a technologist
NOT A BENEFIT
- 95808 Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
NOT A BENEFIT
- 95810 Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
NOT A BENEFIT
- 95811 Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive
airway pressure therapy or bilevel ventilation, attended by a technologist
Prior Authorization required through UR Committee Refer to Criteria #43 ²
- 95822 Electroencephalogram (EEG); recording in coma or sleep only
NOT A BENEFIT
- 95827 Electroencephalogram (EEG); all night recording
NOT A BENEFIT

- 95873** Electrical stimulation for guidance in conjunction with chemodenervation (list separately in addition to code for primary procedure)
NOT A BENEFIT
- 95928 Central motor evoked potential study (transcranial motor stimulation); upper limbs
NOT A BENEFIT
- 95929 . . . lower limbs
NOT A BENEFIT

- 95965 Magnetoencephalography (MEG) recording and analysis, for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)
NOT A BENEFIT
- 95966 (Magnetoencephalography) for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)
NOT A BENEFIT
- 95967 (Magnetoencephalography) for evoked magnetic fields, each additional modality
NOT A BENEFIT
- 95978 Electronic analysis of implanted neurostimulator pulse generator system (i.e. rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance, and patient compliance measurements), complex brain neurostimulator pulse generator/transmitter, with initial or subsequent programing, first hour
NOT A BENEFIT
- 95979 . . . each additional 30 minutes after first hour
NOT A BENEFIT
- 95990 Refilling and maintenance of implanted pump or reservoir for drug delivery, spinal or brain
NOT A BENEFIT
- *
- 95999 Unlisted neurological or neuromuscular diagnostic procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 96000 Comprehensive computer-based motion analysis by video-taping and 3-D Kinematics;
NOT A BENEFIT
- 96001 with dynamic plantar pressure measurements during walking
NOT A BENEFIT
- 96002 Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles
NOT A BENEFIT
- 96003 Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle
NOT A BENEFIT
- 96004 Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report
NOT A BENEFIT
- *
- 96101** Psychologic testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, EG, MMPI, Rorschach, Wais), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
NOT A BENEFIT
- 96102** Psychologic testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, EG, MMPI and Wais), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
NOT A BENEFIT
- 96103** Psychologic testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, EG, MMPI), administered by a computer, with qualified health care professional interpretation and report
NOT A BENEFIT
- 96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report
NOT A BENEFIT
- 96110 Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
NOT A BENEFIT

- 96111 extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
NOT A BENEFIT
- *
- 96116** Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, EG, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
PRIOR AUTHORIZATION: Telephone
- *
- 96118** Neuropsychological testing (e.g. Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
NOT A BENEFIT
- 96119** Neuropsychological testing (e.g. Halstead-Reitan neuropsychological battery, Wechsler memory scales and Wisconsin card sorting test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
NOT A BENEFIT
- 96120** Neuropsychological testing (e.g. Wisconsin card sorting test), administered by a computer, with qualified health care professional interpretation and report
NOT A BENEFIT
- 96150 Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
NOT A BENEFIT
- 96151 re-assessment
NOT A BENEFIT
- 96152 Health and Behavior intervention, each 15 minutes, face to face; individual
NOT A BENEFIT
- 96153 group (2 or more patients)
NOT A BENEFIT
- 96154 family (with the patient present)
NOT A BENEFIT
- 96155 family (without the patient present)
NOT A BENEFIT
- 96416** initiation of prolonged chemotherapy administration (more than 8 hours) requiring use of a portable or implantable pump
NOT A BENEFIT
- 96417** each additional sequential infusion (different substance/drug) up to one hour
NOT A BENEFIT
- 96549 Unlisted chemotherapy procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 96567 Photodynamic therapy of skin code added
NOT A BENEFIT
- 96570 Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s), first 30 minutes.
NOT A BENEFIT
- 96571 each additional 15 minutes
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

96900 Actinotherapy (ultraviolet light)
NOT A BENEFIT

96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
NOT A BENEFIT

96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
NOT A BENEFIT

96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
NOT A BENEFIT

96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
NOT A BENEFIT

- 96999 Unlisted special dermatological service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 97001 Physical therapy evaluation
NOT COVERED (Use program-specific code.)
- 97002 Physical therapy reevaluation
NOT COVERED (Use program-specific code.)
- 97003 Occupational therapy evaluation
NOT COVERED (Use program-specific code.)
- 97004 Occupational therapy reevaluation
NOT COVERED (Use program-specific code.)
- 97005 Athletic training evaluation
NOT A BENEFIT
- 97006 Athletic training re-evaluation
NOT A BENEFIT
- 97039 Unlisted modality (specify type and time if constant attendance)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 97113 Aquatic therapy with therapeutic exercise
NOT COVERED
- 97139 Unlisted therapeutic procedure (specify)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 97150 Therapeutic procedure(s) group (2 or more individuals)
NOT A BENEFIT
- *
- 97530 Therapeutic activities (direct one on one) to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit
NOT A BENEFIT
- 97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training) direct (one-to -one) patient contact by the provider, each 15 minutes
NOT A BENEFIT
- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact by the provider, each 15 minutes
NOT A BENEFIT
- 97535 Self care/home management training (e.g., activities of daily living (adl) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
NOT A BENEFIT
- 97537 Community/work reintegration training
NOT A BENEFIT
- 97542 Wheelchair management/propulsion training, each 15 minutes
NOT A BENEFIT

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² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 97545 Work hardening/conditioning; initial 2 hours
NOT A BENEFIT
- 97546 Work hardening/conditioning; each additional hour
NOT A BENEFIT
- 97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet to moist dressings, enzymatic abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
NOT A BENEFIT
- 97605 Negative pressure wound therapy (i.e. vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction for ongoing care, per session; total wound(surface area less than or equal to 50 square centimeters)
NOT A BENEFIT
- 97606 . . . total wound service greater than 50 square centimeters.
NOT A BENEFIT
- *
- 97750 Physical performance test or measurement (for example, musculoskeletal, functional capacity), with written report, each 15 minutes
NOT A BENEFIT
- 97755 Assistive technology assessment (i.e. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes.
NOT A BENEFIT
- 97760** Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
NOT A BENEFIT
- 97761** Prosthetic training, upper and/or lower extremity(s), each 15 minutes
NOT A BENEFIT
- 97762** Checkout for orthotic/prosthetic use, established patient, each 15 minutes
NOT A BENEFIT
- 97799 Unlisted physical medicine service or procedure
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 97804 Medical nutrition therapy; group (2 or more individual (9s)), each 30 minutes
NOT A BENEFIT
- 97810 Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with patient.
NOT A BENEFIT
- 97811 . . . each additional 15 minutes of personal one on one contact with the patient, with re-insertion of needle(s)
NOT A BENEFIT
- 97813 Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on one contact with patient
NOT A BENEFIT
- 97814 . . .each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s)
NOT A BENEFIT
- 98940 Chiropractic treatment
NOT A BENEFIT Note: All Chiropractic services are pre-authorized through the Chiropractic Health Plan

- 98941 Chiropractic treatment
NOT A BENEFIT Note: All Chiropractic services are pre-authorized through the Chiropractic Health Plan
- 98942 Chiropractic treatment
NOT A BENEFIT Note: All Chiropractic services are pre-authorized through the Chiropractic Health Plan
- 98943 Chiropractic treatment
NOT A BENEFIT Note: All Chiropractic services are pre-authorized through the Chiropractic Health Plan
- 98960** Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include care giver/family) each 30 minutes; individual patient
NOT A BENEFIT
- 98961** Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include care giver/family) each 30 minutes; 2-4 patients
NOT A BENEFIT
- 98962** Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include care giver/family) each 30 minutes; 5-8 patients
NOT A BENEFIT
- 99000 Handling and/or conveyance of specimen for transfer from the physician's office to the laboratory
NOT A BENEFIT
- 99001 Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory
NOT A BENEFIT
- 99002 Handling, conveyance and/or any other service in connection with the implementation of an order involving devices (i.e. designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop, which items have been designed, and are to be fitted and adjusted by the attending physician.
NOT A BENEFIT
- 99024 Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure
NOT A BENEFIT
- 99026 Hospital mandated on call service; in-hospital, each hour
NOT A BENEFIT
- 99027 Hospital mandated on call service; out of hospital, each hour
NOT A BENEFIT
- 99051** Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service
NOT A BENEFIT
- 99053** Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service
NOT A BENEFIT
- 99056 Services provided at request of patient in a location other than physician's office which are normally provided in the office
NOT A BENEFIT
- 99060** Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service
NOT A BENEFIT
- 99071 Educational supplies, such as books, tapes and pamphlets, provided by the physician for the patient's education at cost to the physician
NOT A BENEFIT
- 99075 Medical testimony
NOT A BENEFIT

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- 99078 Physician educational services rendered to patients in a group setting (for example, prenatal, obesity or diabetic instructions)
NOT A BENEFIT
- 99080 Special reports such as insurance forms, more than the information conveyed in the usual medical communication or standard reporting form
NOT A BENEFIT
- 99082 Unusual travel (for example, transportation and escort of patient)
NOT A BENEFIT
- 99090 Analysis of clinical data stored in computers (e.g., ECGs, blood pressures, hematologic data)
NOT A BENEFIT
- 99091 Collection and interpretation of physiologic data (e.g., EEG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or care giver to the physician or other qualified health care professional, requiring a minimum of 30 minute of time.
NOT A BENEFIT
- 99143** Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; under 5 years of age, first 30 minutes intra-service time
NOT A BENEFIT
- 99144** Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time
NOT A BENEFIT
- 99145** Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (list separately in addition to code for primary service)
NOT A BENEFIT
- 99172 Visual function screening, automated or semi automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates and field of vision
NOT A BENEFIT
- 99173 Screening test of visual acuity, quantitative, bilateral
NOT A BENEFIT
- 99183 Hyperbaric Oxygen Therapy, attendance and supervision
PRIOR APPROVAL: Telephone (Approved only under very limited circumstances) ICD-9.CM 93.95 . . . Criteria #21²
- 99199 Unlisted special service or report
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 99234 Observation or inpatient hospital care (problem of low severity)
NOT A BENEFIT
- 99235 Observation or inpatient hospital care (problem of moderate severity)
NOT A BENEFIT
- 99236 Observation or inpatient hospital care (problem of high severity)
NOT A BENEFIT
- 99239 Hospital discharge day management more than 30 minutes
NOT A BENEFIT

- 99288 Physician direction of emergency medical services
NOT A BENEFIT
- 99289 Physician constant attention of the critically ill or injured patient during an interfacility transport; first 30-74 minutes
NOT A BENEFIT
- 99290 each additional 30 minutes
NOT A BENEFIT
- 99291 Critical care evaluation and management; first 30-74 minutes (covered for all ages by Medicaid, not limited to use for over 24 months of age as per new CPT 2004 definition)
- 99292 Critical care, each additional 30 minutes (covered for all ages by Medicaid, not limited to use for over 24 months of age as per new CPT 2004 definition)
- 99293 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
PRIOR APPROVAL: Not Required CRITERIA: Approved for board certified Neonatologists only
- 99294 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
PRIOR APPROVAL: Not Required CRITERIA: Approved for board certified Neonatologists only
- 99295 Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
PRIOR APPROVAL: Not Required CRITERIA: Approved for board certified NEONATOLOGISTS only
- 99296 Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
PRIOR APPROVAL: Not Required CRITERIA: Approved for board certified NEONATOLOGISTS only

- 99298 Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present weight less than 1500 grams). Infants with present body weight less than 1500 grams who are no longer critically ill continue to require intensive cardiac and respiratory monitoring, continuous and/or frequent vital sign monitoring, heat maintenance, enteral and/or parenteral nutritional adjustments, laboratory and oxygen monitoring and constant observation by the health team under direct physician supervision.
PRIOR APPROVAL: Not required CRITERIA: Approved for board certified neonatologists, board certified pediatric intensivists, and board certified high risk pediatricians only.
- 99299 Subsequent intensive care, per day for the evaluation and management of the recovering very low birth weight infant (present body weight of 1500-2500 grams) Infants with present body weight of 1500-2500 grams who are no longer critically ill continue to require intensive cardiac and respiratory monitoring, heat maintenance, enteral and/or parenteral nutritional adjustments, laboratory and oxygen monitoring, and constant observation by the health care team under direct physician supervision.
PRIOR APPROVAL: Not required CRITERIA: Approved for board certified neonatologists, board certified pediatric intensivists, and board certified high risk pediatricians only
- 99300** Subsequent intensive care per day for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
PRIOR APPROVAL: Not required CRITERIA: Approved for board certified neonatologists, board certified pediatric intensivists, and board certified high risk pediatricians only
- 99315 Nursing facility discharge day management; 30 minutes or less
NOT A BENEFIT
- 99316 more than 30 minutes
NOT A BENEFIT
- 99318** Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key components:
NOT A BENEFIT
- 99339** Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g. assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g. legal guardian) and/or key care giver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
NOT A BENEFIT
- 99340** Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (e.g. assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g. legal guardian) and/or key care giver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more
NOT A BENEFIT
- 99341 Home visit for evaluation and management of new patient
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99342 Home visit for evaluation and management of new patient
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99343 Home visit for evaluation and management of new patient
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99344 Home Visit for evaluation and management of a new patient (moderate complexity)
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99345 Home visit for evaluation and management of a new patient (high complexity)
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.

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- 99347 Home visit for evaluation and management of an established patient (problem self limiting)
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99348 Home visit for evaluation and management of an established patient (low complexity)
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99349 Home visit for the evaluation and management of an established patient (moderate complexity)
PRIOR APPROVAL: Telephone Limited to Hospice and special care situations
- 99350 Home visit for the evaluation and management of an established patient (moderate to high complexity)
PRIOR APPROVAL: Telephone. . . . CRITERIA: Limited to Hospice. Approved for primary managing physician.
- 99354 Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); First hour (list separately in addition to code for office or other outpatient evaluation and management service)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹
- 99355 ; Each additional 30 minutes (list separately in addition to code for prolonged physician service)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim. ¹

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
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- 99356 Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (e.g., maternal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient); first hour (list separately in addition to code for inpatient evaluation and management service)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 99357 ; each additional 30 minutes (list separately in addition to code for prolonged physician service)
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 99358 Prolonged evaluation and management service
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 99359 . . . each additional 30 minutes
PRIOR APPROVAL: Not Required CRITERIA: Attach documentation to claim.¹
- 99360 Physician standby service, requiring prolonged physician attendance; each 30 minutes (for example, operative standby, standby cesarean/high risk delivery for newborn care)
NOT A BENEFIT
- 99361 Medical conference by a physician with interdisciplinary team of health professionals or representative of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes
NOT A BENEFIT
- 99362 Medical conference by a physician with interdisciplinary team of health professionals or representative of community agencies to coordinate activities of patient care (patient not present); approximately 60 minutes
NOT A BENEFIT
- 99371 Telephone call by a physician to patient for consultation or medical management or for coordinating medical management with other health care professionals (for example, nurses, therapists, social worker, nutritionists, physicians)
NOT A BENEFIT
- 99372 . . . intermediate
NOT A BENEFIT
- 99373 . . . complex or lengthy
NOT A BENEFIT
- 99374 Physician supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (e.g., Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (e.g., legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes
NOT A BENEFIT
- 99377 Physician supervision of a hospice patient (patient not present) ; . . . 15 to 29 minutes
NOT A BENEFIT
- 99379 Physician supervision of a nursing facility patient (patient not present) ; . . . 15 to 29 minutes
NOT A BENEFIT
- 99380 30 minutes or more
NOT A BENEFIT
- 99386 . . . 40-64 years
NOT A BENEFIT
- 99387 . . . 65 years and over
NOT A BENEFIT

- 99396 . . . 40-64 years
NOT A BENEFIT
- 99397 . . . 65 years and over
NOT A BENEFIT
- 99401 Counseling and/or risk factor reduction intervention(s) provided to healthy individual; approximately 15 minutes
NOT A BENEFIT
- 99402 Counseling and/or risk factor reduction intervention(s) provided to healthy individual; approximately 30 minutes
NOT A BENEFIT
- 99403 Counseling and/or risk factor reduction intervention(s) provided to healthy individual; approximately 45 minutes
NOT A BENEFIT
- 99404 Counseling and/or risk factor reduction intervention(s) provided to healthy individual; approximately 60 minutes
NOT A BENEFIT
- 99412 Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting;
approximately 60 minutes
NOT A BENEFIT
- 99420 Administration and interpretation of health risk assessment instrument (for example, health hazard appraisal)
NOT A BENEFIT
- 99429 Unlisted preventive medicine service
NOT A BENEFIT
- 99436 Attendance at delivery (requested by attending physician) and initial stabilization of newborn
PRIOR APPROVAL: Not Required
CRITERIA: Approved for neonatologists, pediatricians, and rural family practitioners only. Refer to Criteria #30²
- 99450 Basic life and/or disability examination
NOT A BENEFIT
- 99455 Work related or medical disability examination by the treating physician
NOT A BENEFIT
- 99456 Work related or medical disability examination by other than the treating physician
NOT A BENEFIT
- 99499 Unlisted evaluation and management services
NOT A BENEFIT
- 99500 Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress tests, uterine monitoring,
and gestational diabetes monitoring.
NOT A BENEFIT
- 99501 Home visit for postnatal assessment and follow-up care
NOT A BENEFIT
- 99502 Home visit for newborn care and assessment
NOT A BENEFIT
- 99503 Home visit for respiratory therapy care (e.g., bronchodilator, oxygen therapy, respiratory assessment, apnea
evaluation)
NOT A BENEFIT
- 99504 Home visit for mechanical ventilation care
NOT A BENEFIT
- 99505 Home visit for stoma care and maintenance including colostomy and cystostomy
NOT A BENEFIT

NOTES: ¹ For unspecified, unlisted or nonspecific codes, refer to policy on page 3.
² For numbered criteria, refer to the Criteria for Medical and Surgical Procedures List
Key to Code Changes: page 5

- 99506 Home visit for intramuscular injections
NOT A BENEFIT
- 99507 Home visit for care and maintenance of catheter(s) (e.g., urinary, drainage, and enteral)
NOT A BENEFIT
- 99509 Home visit for assistance with activities of daily living and personal care
NOT A BENEFIT
- 99510 Home visit for individual, family, or marriage counseling
NOT A BENEFIT
- 99511 Home visit for fecal impaction management and enema administration
NOT A BENEFIT
- 99512 Home visit for hemodialysis
NOT A BENEFIT
- 99600 Unlisted home visit service or procedure
NOT A BENEFIT
- 99601 Home infusion/specialty drug administration, per visit (up to 2 hours)
NOT A BENEFIT
- 99602 . . . each additional hour (list separately in addition to primary code procedure)
NOT A BENEFIT

Temporary Codes Not Covered

Codes ending with the letter "T" are a new category of temporary codes. They identify emerging technology, services, and procedures and allow data collection. CPT notes that inclusion neither implies nor endorses clinical efficacy, safety or the applicability to clinical practice, leading to questions of investigational or experimental status of the codes. As a result, Medicaid does not cover temporary codes.

"S" and "G" Codes Non-covered

S and G codes are Medicare codes. Comparable CPT codes are available and used by Medicaid. "S" and "G" codes are covered only when submitted as a crossover claim. The following codes are not covered by Medicaid even in cross over claims:

- G0252 PET imaging ... for initial diagnosis of breast cancer and/or surgical planning for breast cancer
- G0253 PET imaging ... for staging/ restaging of local regional recurrence or distant metastases
- G0254 PET imaging for breast cancer, evaluation of response to treatment performed during course of treatment
- G0264 Initial nursing assessment of patient directly admitted to observation with diagnosis other than CHF, chest pain, asthma
- G0265 Cryopreservation, freezing and storage of cells for therapeutic use, each cell line
- G0266 Thawing and expansion of frozen cells for therapeutic use, each aliquot
- G0267 Bone marrow or peripheral stem cell harvest, modification or treatment to eliminate cell types (i.e. T-cells, metastatic CA)
- G0268 Removal impacted cerumen by physician
- G0270 Medical nutrition therapy, reassessment and subsequent interventions
- G0271 Medical nutrition therapy reassessment following 2nd referral
- G0272 Naso/oro gastric tube placement, requiring physician skill
- G0273 Radiopharmaceutical biodistribution, single or multiple scans
- G0274 Radiopharmaceutical therapy, non-hodgkins lymphoma
- G0275 Renal artery angiography (unilateral or bilateral) performed at time of cardiac catheterization
- G0278 Iliac artery angiography performed at the same time of cardiac catheterization
- G0279 Extracorporeal shock wave therapy, involving elbow epicondylitis
- G0280 Extracorporeal shock wave therapy, involving other than elbow
- G0281 Electrical stimulation, unattended (one or more areas) for chronic pressure ulcers
- G0282 Electrical stimulation, ... for wound care
- G0283 Electrical stimulation, ...other than wound as therapy plan
- G0288 Reconstruction, CT angio of aorta
- G0289 Arthroscopy knee for FB, debridement
- G0290 Transcatheter placement of drug eluting intracoronary stent, single
- G0291 Transcatheter placement of drug eluting intracoronary stent, each additional
- *
- G0293 Noncovered surgical procedure using conscious sedation ... clinical trial
- G0294 Noncovered procedure using none or local anesthesia ... clinical trial
- G0295 Electromagnetic stimulation to one or more areas

Inpatient Psychiatric Services

- X9081 Limited service (inpatient psychiatric services)
PRIOR APPROVAL: Written
- X9082 Intermediate service (inpatient psychiatric services)
PRIOR APPROVAL: Written
- X9083 Extended service (inpatient psychiatric services)
PRIOR APPROVAL: Written
- X9084 Comprehensive service (inpatient psychiatric services)
PRIOR APPROVAL: Written